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## **COVER LETTER**

Division of Corporations
SUBJECT: HYACINTH GROUP HOME, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Hyacinth Bryan
HYCICINTH GROUP HOME Firm/Company
10659 W. Clairmont Circle
Tamarac, Florida, 33351 City/State and Zip Code
E-mail address? (to be used for future annual report notification)
For further information concerning this matter, please call:
Hyacinth Bryan at (954) (643-0835  Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status □ \$55.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

B

HYACINTH GROUP  (Name of the Limited Liability Compa (A Florida Limited I	HOME	LLG	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now ap Liability Compa	pears on our records.)	17 w 171
The Articles of Organization for this Limited Liability Company Florida document number <u>L2 0000 55667</u> .  This amendment is submitted to amend the following:			20 and assigned
	***.		
A. If amending name, enter the new name of the limited liabil.  **NOT APPLICABLE**  The new name must be distinguishable and contain the words "Limited Liabil"			the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		NOT AP	PLICABLE
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		NOT APP	LICABLE
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on ou	ır records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:	NOT	APPLICAB	LE
New Registered Office Address:	Enter	Florida street address	
	Late		l.
<del></del>	City	, Florid	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
futhoriza Nanager	HyaciNTH BRYAN	Address  10659 W. Clair mont C  Tamarac, FL 33321	IR BAdd
OR AMBR		Tamarac, FL 33321	□Remove
			□Change
AP	Michell Baker	1561 E 57th Street	□Add
		Brooklyn, NY 33321	MRemove
			□ Change
			□Add
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<ul> <li>Note: If the date inserted in</li> </ul>	an the date of filing:
the record specifies a delayed cord is filed.	effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated 30th Day	HByan Signature of a member or authorized representative of a member
	HYACINTH BRYAN Typed or printed name of signee

Filing Fee: \$25.00