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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and hottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (050)617-6303

From:

Account Name : PEDRO 102QUINOS Account Number : 120170000042 Phone 1 (954)655-8413 Fax humber : (954) 432- 8807

Entor the email address for this business entity to be used for future annual report mailings. Enter only one email address preuse.

Email Address: PLUZQUINO(FO

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALPHA SENIOR DAY CARE LLC

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TO:

850-617-6381 1 >> **COVER LETTER**

TO:	Registration S Division of Co			
SUBJE		ENIOR DAY CARE LLC		
		Name of Lip	nited Liability Company	-
The end	losed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please r	eturn all correspo	ondence concorning this matter	to the following:	
		SALDARRIAGA . ISOLI	DA	
			Nume of Person	
			FimvCompany	
		5352 WEST 16TH AVE		
			Address	
		HIALEAH, FL 33012		
			City/State and Zip Code	
		PLUZQUINOSF@HOTM		
For furtl	her information e	E-mail address: (oncerning this matter, please c	to be used for future annual report not all:	ification)
PEDRO	LUZQUINOS		954 655-8413 at ()	Daytime Telephone Number S60.00 Filing Fee. Certificate of Status &
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed	d is a check for th	ne following amount:		
≘ \$25.	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy

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

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850-617-6381 1 >>

ARTICLES OF AMENDMENT

ARTICLES OF ORGANIZATION **OF**

ALPHA SENIOR DAY CARE LEC		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our record: Liability Company)	5.)
The Articles of Organization for this Limited Liability Company Florida document number 120000058398	were filed on 02/21/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5352 WEST 16TH AVE	
(Principal office address MUST BE A STREET ADDRESS)	ΗΙΛLΕΑΗ, FL 33012	
Enter new mailing address, if applicable:	5352 WEST 16TH AVE	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	HIALEAII, FL 33012	A :
		<u> </u>
B. If amending the registered agent and/or registered office a		
agent and/or the new registered office address here:	didress on our records, <u>enter i</u>	ne name quine new regist
		, .∩ .•
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stevet address	
		rida
New Registered Agent's Signature, II changing Registered Agents	City	Zip Code

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

MGR= M	from our records: Ianager authorized Member		
<u> Citle</u>	<u>Name</u>	Address	Type of Action
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			□Add
			□Remove
			☐ Change
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