L20000119491

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
	_	
☐ PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	1
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer	
Opecial instructions to	i iling Officer.	
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Office Use Only



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R. MATE.

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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
SUBJECT:	Never Hadi	+ SO Cox Seo Is	or Care Center UC
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Keisha	Washington Name of Person	
		Firm/Company	
	26 Ridge Ma	ay Cauxt	
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	ile Fla. 32327
	Keishaw E-mail address: (1	o be used for future annual report notifi	cation)
For further information co	oncerning this matter, please ca	all:	
Koish Name of	a Wathington Person	at (<u>\$50</u>) <u>ot (65</u> Area Code Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
☑\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C	ection orporations	Street Address: Registration Sec Division of Corp	porations
P.O. Box 632	/	The Centre of Ta	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 17, 2020

KEISHA WASHINGTON 26 RIDGEWAY CT CRAWFORDVILLE, FL 32327

SUBJECT: "I NEVER HAD IS SO GOOD" SENIOR CARE CENTER "LLC".

Ref. Number: L20000119497

We have received your document for "I NEVER HAD IS SO GOOD" SENIOR CARE CENTER "LLC". and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II Supervisor

Letter Number: 920A00011932

ARTICLES OF AMENDMENT TO ARTICLES: OF ORGANIZATION OF

I Nexer Hodit So Cood Sorior (are: Menter Flat Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company we Florida document number	vere filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability of the new name must be distinguishable and contain the words "Limited Liability".	Assistant	Living Facility "LLC."
Enter new principal offices address, if applicable:		'
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ldress on our records,	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
		. Florida
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I bounds, among the among interest on any interest and are in the control of the	n en ant in thin an-	. I Gardhan a man ta manta ta aith tha

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

MGR= N AMBR = A	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
			
			□Remove
			□Change
			□Add
			□Remove
			□Change
		•	□Add
			□Remove
			Change
			
	.	Remove	
			☐ Change
			□Add
			□Remove

____ □Change

D: If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
_	
_	
_	
(If an effec	tive date, if other than the date of filing:
	it's effective date on the Department of State's records.
If the record record is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated _	5/14/2020
	Signature of a member or authorized presentative of a member
	Keisha Washington Typed or printed name of signed