

L20000141750

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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S. YOUNG

2020 JUL 16 PM 6:18

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JAZI KIND CARE ASSISTED LIVING FACILITY 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:

CHRISTOPHER BISHOP

Name of Person

JAZI KIND CARE ASSISTED LIVING FACILITY LLC

Firm/Company

1702 SE RYECROFT COURT

Address

PORT ST LUCIE, FL. 34952

City/State and Zip Code

CHRISCABISHOP@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRISTOPHER BISHOP

913 5268024
at () _____
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the 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 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

2027 JUL 16 PM 6:18 and as

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

(Principal office address MUST BE A STREET ADDRESS)

(Mailing address MAY BE A POST OFFICE BOX)

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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

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

Title	Name	Address	Type of Action
PRES.	CHRISTOPHER BISHOP	135 NW. AILEEN ST.	<input checked="" type="checkbox"/> Add
		PORT SAINT LUCIE, FL 34982	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP/SEC.	JENNIFER WONG	135 NW. AILEEN ST.	<input checked="" type="checkbox"/> Add
		PORT SAINT LUCIE, FL 34982	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record 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 record is filed.

Dated JULY 13, 2020

Christopher Bishop
Signature

Signature of a member or authorized representative of a member

CHRISTOPHER BISHOP

Typed or printed name of signee