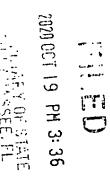
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## COVER LETTER

Division of Corporations	• • • • • • • • • • • • • • • • • • •
SUBJECT: Life Cave for Senice Name of Limited Li	vs Florida, UC
Name of Emmed El	aomy Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and	fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the f	ollowing:
Renee McCormack	
Name of Person	_
Life Care for Seniors Flanda	<u>_</u>
1131 Mack Bayon Rd, Ste K	
Santa Rosa Beach P2 32.	469
renee Clifecare Forseniors.  E-mail address: (to be used for future annual report notific	wm
For further information concerning this matter, please call:	
Chusy Baynes at (205) Name of Person	Area Code & Daytime Telephone Number
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
Enclosed is a check for the following amount:	

☐ \$55 Filing Fee & Certified Copy

□ \$25 Filing Fee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Life Care for Seniors Florida, UC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 08 14 2030 and assigned Florida document number LB0000 24963.7
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  The new principal office address MUST BE A STREET ADDRESS)  (Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  [13] Mack Bayur Road, Ste K  Sunta Road, Fr. 32459
B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registere</u> agent and/or the new registered office address here:
Name of New Registered Agent:  New Registered Office Address:  13) Wack Bayou Road, Suite K  Enter Florida street address  Social Processing Company C
City City Florida City City Florida City City City City City City City City

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 families with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Of if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited Hability

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 Renee Mc Ormack 201 N Blue Heron Drive Madd

Santa Roga Beach, FL Rem Change historie Boynes 2744 Cherokee Road □Change Soseph I. McCormack, Sr. 201 N Blue Henri Brue

Santa Posa Beach, Fr. Change OCT □ Change □Add Remove ☐ Change □Add □ Remove ☐ Change

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