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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

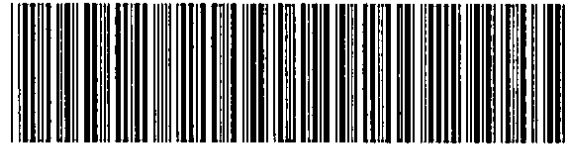
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**A. RIVERS**

**DEC - 8 2021**



200376284902

11/08/21--01025--014 \*\*25.00

FILED  
2021 DEC 06 PM 12:10  
CLERK OF STATE  
ALABAMA



2021 EFC - 5 PM 12:53

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 29, 2021

JEZEL JACOB-ASHBY  
9149 FALLSMILL DR.  
JACKSONVILLE, FL 32244

SUBJECT: DUNCAN'S VILLAGE LIFECARE LLC  
Ref. Number: L20000355972

We have received your document for DUNCAN'S VILLAGE LIFECARE 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.

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

Alecia Rivers  
Regulatory Specialist II

Letter Number: 021A00028655

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Duncan's Village Lifecare 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:

Jezel Jacob-Ashby  
Name of Person  
Duncan's Village Lifecare LLC  
Firm/Company  
9149 Fallsmill Drive  
Address  
Jacksonville, FL., 32244  
City/State and Zip Code  
duncansvillaglifecar@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jezel Jacob-Ashby      347      743-8999  
at ( )  
Name of Person      Area Code      Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

Duncan's Village Lifecare LLC

(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 11/10/2021 and assigned  
Florida document number 1.20000355972.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

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

**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 address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

\_\_\_\_\_, Florida  
City

**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**

[illegible]

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(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 \_\_\_\_\_, \_\_\_\_\_.

Jezel Jacob-Ashby

Typed or printed name of signee