

L210000013143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

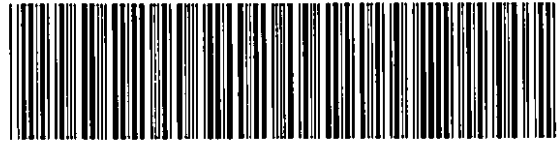
(Business Entity Name)

(Document Number)

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STATE  
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SECTION

21 JAN 21 PM 3:58

FILED

01/22/21--01001--026 25.00

TALLAHASSEE, FLORIDA

2020 JAN 21 PM 3:37

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O SIMMONS

JAN 21 2021

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KIMKARE 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:

KIMBERLY WASHINGTON  
Name of Person

KIMKARE ASSISTED LIVING FACILITY LLC  
Firm/Company

11002 N.E. 40<sup>th</sup> PLACE  
Address

DADE COUNTY, FLORIDA 32609  
City/State and Zip Code

KIMKAREAL7@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KIMBERLY WASHINGTON at 352 284-7765  
Name of Person Area Code Daytime Telephone Number

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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

2021 JAN 21 PM 3:58

Limkane ASSIST LIVING FACILITY 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 1/4/21 and assigned  
Florida document number 21000013143.

This amendment is submitted to amend the following:

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

Limkane ASSISTED LIVING FACILITY LLC  
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)

11002 NE 4th Place  
Orlando FL 32609

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

Zip Code

**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**

**FILED**

**Address** 2021 JAN 21 PM 3: 58

~~SECRET~~ U.S. STATE DEPT

**Title**

**Name**

**Address**

**Type of Action**☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change

 Add

☐ Remove☐ Change☐ Add☐ Remove☐ **Change**☐ Add☐ Remove☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2021 JAN 21 PM 3:58

SECRETARY OF STATE  
TALLAHASSEE, FL

E. Effective date, if other than the date of filing: 1/19/21 (optional)

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 JAN 19<sup>th</sup>, 2021.

Kimberly  
Signature of a member or authorized representative of a member

Kimberly V. Ashworth  
Typed or printed name of signee

Filing Fee: \$25.00