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### **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJEC	CT: Sims Family Child Care Home LLC Name of Limited Liability Company
The encl	osed Articles of Amendment and fee(s) are submitted for filing.
Please re	turn all correspondence concerning this matter to the following:
	Jennifer Sims  Name of Person  Sims Family Care Home.  Le 150 Deepwood DR. East  Address  Jackson VIII Florida 32244  Sims, 210 Jahoo. Com  I-mail address: Jo be used for future annual report notification)
For furth	er information concerning this matter, please call:
Jen	nifer Sims at (GDU) 310 - 8173  Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
<b>≸</b> \$25.	00 Filing Fee

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

ARTICLES OF ORGANIZATION

OF

Core Home

(Name of the Umited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

of Organization for this Limited Liability Company were filed on \_\_\_\_\_\_\_

The Articles of Organization for this Limited Liability	Company were filed on	and assigned
Florida document number	<del></del> -	
This amendment is submitted to amend the following:	Sims	Family Day Car
A. If amending name, enter the new name of the line.  The new name must be distinguishable and contain the words "Line."	(Bre. Home.	LLC HOME
Enter new principal offices address, if applicable:	4150 Deepu	ood Dr. E
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		ter the name of the new registered
Name of New Registered Agent:	nnifer Sims	
New Registered Office Address:	50 Deepwood T	Je Ei
Ja	1	Florida 32244
	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

Title Name Address Type of Action Jennifer Sims 6150 Deepwood Dr. E grad \_\_\_\_\_ 🔲 🗀 Remove AMbr Jenniter Sims Lel50 Deepwood Dr. E KANN \_\_\_\_\_\_ Remove □Remove \_\_\_\_\_ □Change \_\_\_\_ \_ \_ \_ \_ \_ \_ \_ \_ Add \_\_\_\_\_ □Change 

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ective date, if other than the date of the	of filing:	to tale of filing or more than	(optional) 90 days after filing.) Pursi	uant to 605.0207
n effective date is listed, the date must be spe te: If the date inserted in this block do	ecific and cannot be prior ses not meet the applica	able statutory filing requi	90 days after filing.) Pursi	
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fective date, if other than the date on effective date is listed, the date must be specific. If the date inserted in this block do cument's effective date on the Department specifies a delayed effective date, is filed.	ecific and cannot be properties not meet the application of State's records.  but not an effective ti	able statutory filing requi	90 days after filing.) Pursi rements, this date will r earlier of: (b) The 90th	not be listed as