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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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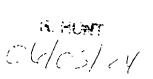
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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT: <u>SHUL</u>	AMMMTTE B Name of Lin	OARDING HOME L ited Liability Company	LC	
The enclosed Articles of a	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
		A JONES Name of Person		
		Firm/Company		
•	3412 Ni	22ND Court	5	
	Ocala,	FL 34479 City/State and Zip Code US 69970 Vaho to be used for future annual report noti		1 -3 -3
	E-mail address: (us 69970 Vahou	neation)	-3 PH 2: 1
For further information co	oncerning this matter, please co		-	TATE
LY DIA Name of	JONES Person	at (<u>352</u>) <u>619</u> - Area Code Daytim	6585 e Telephone Number	
Enclosed is a check for th	e following amount:			
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
<u>Mailing Address</u> Registration S	ection	<u>Street Address:</u> Registration Sec		
Division of Co P.O. Box 632		Division of Cor The Centre of T	porations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

SHUlammmite Boardi (Name of the Limited Liability Compan (A Florida Limited Liability Compan	ns Home LLC by as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company v Florida document number <u> </u>	were filed on $\frac{5/17}{20}$	24_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
Shulammite Boarding Hom The new name must be distinguishable and contain the words "Emited Liability	Y 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)	3412 NE 22 Ocala, FL	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	2674.17.9 - 3 12.17.41A
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, <u>enter the</u>	namic of the new registered
Name of New Registered Agent:	N/A	
New Registered Office Address:	Enter Florida street address	
	, Florid	la
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code

<u>1</u>

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
	N/A		□Add
			□Remove
			□Change
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