

LI1000074387

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

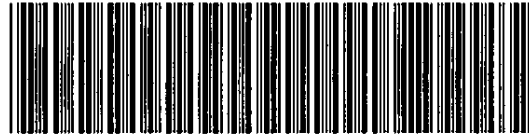
Special Instructions to Filing Officer:

*Amend*

Office Use Only

*AR 4/29/13*

*pm*



600249825596

09/30/13--01039--013 \*\*30.00

FILED

13 SEP 30 AM 11:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*T. Bush* OCT 2 2013

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Agape 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:

Aaliyah Noisette  
Name of Person

Agape Assisted Living Facility, LLC  
Firm/Company

4819 Soutel Drive  
Address

Jacksonville, FL 32208  
City/State and Zip Code

agapeassistedlivingfacility@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aaliyah Noisette at (904) 962-0012  
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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
13 SEP 30 AM 11:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Agape Assisted 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 6/27/11 and assigned  
Florida document number L11000074387

This amendment is submitted to amend the following:

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

Agape Assisted Living Facility and Adult Daycare, LLC  
The new name must be distinguishable and end with 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)

4819 Soutel Drive  
Jacksonville, FL 32208

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:

Aaliyah J. Noisette

New Registered Office Address:

4819 Soutel Drive

Enter Florida street address

Jacksonville, Florida 32208

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	Vontres Lockett <sup>AN.</sup>	12042 Prospect Creek	<input type="checkbox"/> Add
		Jacksonville, FL 32218	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Add
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
13 SEP 30 AM 11:32

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

• \_\_\_\_\_  
• \_\_\_\_\_  
• \_\_\_\_\_  
\_\_\_\_\_

Dated September 24, 2013.

Aalyah Nawelt

Signature of a member or authorized representative of a member

Aaliyah Noisette

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

13 SEP 30 AM 11: 32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED