L15000148830

(Requestor's Name)	
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PICK-UP WAIT	MAIL
(Business Entity Name)
(Document Number)	
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COVER LETTER

	vision of Cor				
SUBJECT:		Senior Living at Metrowest, LI	.c		
SUBSECT.		Name of Limi	ited Liability Company		
The enclosed	d Articles of .	Amendment and fee(s) are sub-	mitted for filing.		
Please return	n all correspo	ndence concerning this matter	to the following:		
		Bruno Portigliatti			
			Name of Person		
		Excellence Senior Living F	acility, LLC		
			Firm/Company		
		5950 Lakehurst Dr., Suite	182		
			Address	- · · · · · · · · · · · · · · · · · · ·	
		Orlando, FL 32819			
			City/State and Zip Code		
		bruno@excellencealf.com			
			o be used for future annual report notific	cation)	
For further i	nformation co	oncerning this matter, please ca	ill:		
Anthony B.	Portigliatti		407 896-0101 at ()		
	Name of	f Person		Telephone Number	
Enclosed is	a check for th	e following amount:			
□ \$25.00 F	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

Excellence Senior Living at Metrov	•		
(Name of the Limit	ed Liability Compa (A Florida Limited	ny as it now appears Liability Company)	on our records.)
he Articles of Organization for this Limited Li	iability Company	were filed on $\frac{08/3}{}$	1/2015 and assigned
orida document number L15000148830			
his amendment is submitted to amend the follo	owing:		
. If amending name, enter the new name of	f the limited liab	ility company her	<u>'e</u> :
xcellence Senior Living Facility, LLC			
he new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the des	signation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applic	able:	N/A	
Principal office address MUST BE A STREE	T ADDRESS)		
nter new mailing address, if applicable:		N/A	
failing address MAY BE A POST OFFICE	POV)		# A L
Tuning universe MAT BE AT UST OFFICE	<u> </u>		77 U 11 :
			PAIE S
. If amending the registered agent and/ egistered agent and/or the new registered of			our records, Enter the name of the
Name of New Registered Agent:	Portigliatti Gro	up, LLC	
New Registered Office Address:	5950 Lakehurs	t Dr., Suite 169	
		Enter Florid	la street address
	Orlando		, Florida ³²⁸¹⁹
		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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Anthony B. Portigliatti	8812 Elliotts Ct.,	
		Orlando, FL 32836	Remove
			E Change
AMBR	Bruno D. Portigliatti	4412 Conroy Club Dr.	
		Orlando, FL 32835	Remove
			☐ Change
AMBR	Fernanda G. Portigliatti	8812 Elliotts Ct.,	
		Orlando, FL 32836	☐ Remove
			Change
	N/A	_	Add
			Remove
			□ Change
	N/A 		Add
			☐ Remove
	N/A		
			STATE DRemove
			□ Change

etive date, if other than the date of filing: 2/27/20 (optional) (filective 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 605.0 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ment's effective date on the Department of State's records. Becord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earliest end and after the record is filed. A February 27 2017 Senature of a nember of authorized representative of a member ANTHONY B. FORTIGUATTI	N/A					
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Filing Fee: \$25.00