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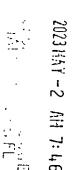
(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

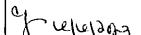
Office Use Only



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## **COVER LETTER**

TO: Registration Section

Tallahassee, FL 32314

Division of Corp	porations			
'suвј€ст. <u>Ѕда Съ</u>	name of Limi	trnent /Assisted	Living Facility	LL
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	ndence concerning this matter t	to the following:		
	DORCEN	La.J CO T C & J C & Name of Person	<u>K</u>	
	<del> </del>	Firm/Company		
	7435	au Tatam T	le.r	
	Port St	City/State and Zip Code	34953	
	E-mail address: (t	to be used for future annual report noti	fication)	
For further information co	oncerning this matter, please ca	all:		
Dorce W Name of	Lawrence Person	at (754) 746 Area Code Daytim	- 2305 e Telephone Number	
Enclosed is a check for th	e following amount:			
☑ \$25.00 Filing Fee	S30,00 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 S Division of C P.O. Box 632	Section orporations	Street Address: Registration Se Division of Cor The Centre of T	porations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Souring Eagle Ini Name of the Limited Lial (A Flori	lestment/Assiste	d Living Food records.)	ecility L	
(A Flor	rida Limited Liability Company)	04/15/2004		
The Articles of Organization for this Limited Liability	Company were filed on	104/202	and assigned	
Florida document number <u>LOY 0000</u>		7		
This amendment is submitted to amend the following	:			
A. If amending name, enter the new name of the li	mited liability company here:			
Soas ince Eagle Tive The new name must be disginguishable and contain the words "I	stment LLC	ation "LEC" or the abbr	reviation "L.L.C."	_
The new name must be disjuiguishable that contain the words.	Sinned Entority Company, the designa	ison is go of the don't		
Enter new principal offices address, if applicable:	William William	<del></del>	70	_
(Principal office address MUST BE A STREET AD	DRESS)			_
			; 	_
			2	
Enter new mailing address, if applicable:		1	至;	
		77.	+	-
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>		<del>. 5</del>	-
				_
B. If amending the registered agent and/or registe agent and/or the new registered office address her		ds, <u>enter the name</u>	of the new regist	ered
Name of New Registered Agent:				_
New Registered Office Address:				_
	Enter Florida st	reet address		
		, Florida		
<del></del>	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 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

AMB	R = Autho	rized M	ember		
Title	;	<u>lame</u>		Address	Type of Action
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	Plea	کو	remove	Assisted Living Facil.	Ty De Remove
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an effec 'ote: If	te date, if other the ctive date is listed, the f the date inserted int's effective date of	date must be spe n this block do	cific and cannot es not meet th	ne applicable :			after filing.) P	
is filed					at 12:01 a.m.	on the earlier o	of: (b) The S	Oth day after the
ated _	04/28	/202	3 · _					
		Signan	re of a member	er or authorized	representative	of a member		
	DORE		ļ	,	ne of signee			