

LD5000033077

(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:

Office Use Only



700051358957

04/28/05--01015--008 **25.00

FILED

05 APR 28 PM 3:42

SECRETARY OF STATE
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

ATTN: MR. LEE RIVERS

SUBJECT: AGE 55+ HOMES, 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:

LARRY FRIED
(Name of Person)

AGE 55+ HOMES, LLC
(Firm/Company)

8949 SE BRIDGE RD #301
(Address)

Hobe Sound FL 33455-9988
(City/State and Zip Code)

FILED
05 APR 28 PM 3:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

For further information concerning this matter, please call:

954/ LARRY FRIED at (954) 753-9535
(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)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
✓ Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ATTN: MR. LEE RIVERS

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

AGE 55+HOMES, LLC

FIRST: THE ARTICLES OF ORGANIZATION WERE FILED ON 04/01/2005
AND ASSIGNED DOCUMENT NUMBER L05000033077.

SECOND: THE FOLLOWING AMENDMENTS TO THE ARTICLES OF
ORGANIZATION WERE ADOPTED BY THE LIMITED LIABILITY COMPANY.

ARTICLE II

THE MAILING AND STREET ADDRESS OF THE PRINCIPAL OFFICE OF
THE LIMITED LIABILITY COMPANY IS: 8949 SE BRIDGE RD #301, HOBE
SOUND, FL 33455-9998.

ARTICLE III

THE MAILING ADDRESS OF THE INITIAL REGISTERED AGENT IS
CHANGED PER THE ATTACHED INHS18(10/99).

ARTICLE V

THE NAME AND ADDRESS OF THE ONLY MANAGER MEMBER IS
LARRY FRISARD, 8949 SE BRIDGE RD #301, HOBE SOUND, FL 33455-9998.

DATED THIS 25 day OF APRIL, 2005.

IN ACCORDANCE WITH SECTION 608.408(3), FLORIDA STATUTES, THE
EXECUTION OF THE DOCUMENT CONSTITUTES AN AFFIRMATION UNDER
THE PENALTY OF PERJURY THAT THE STATED HEREIN ARE TRUE.



LARRY C FRISARD, MEMBER

FILED
05 APR 28 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: AGE 55+ HOMES, LLC
2. The mailing address of the limited liability company is: 8949 SE BRIDGE RD #301
Hobe Sound, FL 33455-9998

3. Date of filing/registration in Florida 04/01/03 4. Document number L05000033077

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

FRISARD, LARRY C.
Name
8859 NW 3 CT
Address
CORAL SPRINGS, FL 33071-7423
City, State and Zip

6. The name and address of the new registered agent and/or office:

7956 SE WARE AVE
Name
Florida street address (P.O. Box NOT acceptable)
Hobe Sound, FL 33455
City, State and Zip

FILED
05 APR 28 PM 3:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Larry C. Frisard
(Signature of a member or authorized representative of a member)

FEI NUMBER

20-2824001

LARRY C. FRISARD 4/25/03
(Printed or typed name of signee) MEMBER

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, hereby confirm that the limited liability company has been notified in writing of this change.

Larry C. Frisard 4/25/03
(Signature of Registered Agent) LARRY C. FRISARD

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314