

L05000096322

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2013 FEB 13 AM 8:52

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J. SAULSBERRY
EXAMINER
FEB 14 2013

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Avalon's Assisted Living, 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:

Chiquittia S.E. Carter-Walker
Name of Person

Avalon's Assisted Living
Firm/Company

1250 Willow Branch Drive
Address

Orlando, FL 32828
City/State and Zip Code

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

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TALLAHASSEE COUNTY CLERK
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Chiquittia S.E. Carter-Walker at **407 963-0213**
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**

Avalon's Assisted Living, 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 09/30/2005 and assigned Florida document number L05000096322.

This amendment is submitted to amend the following:

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

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE FLORIDA

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: Chiquittia S.E. Carter-Walker

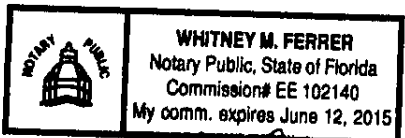
New Registered Office Address: 1250 Willow Branch Drive
Enter Florida street address

Orlando, Florida 32828
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.

Chiquittia S.E. Carter-Walker
If Changing Registered Agent, Signature of New Registered Agent



Whitney M. Ferrer orange florida

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

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|--------------------|---|--|
| MGRM | Robert L Walker Jr | 1250 Willow Branch Drive Orlando, FL 32828 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
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COUNTY OF ORANGE
TALLAHASSEE, FLORIDA

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

Four horizontal lines for amending information.

Dated 2/4, 2013

Chiquittia S. E. Carter-Walker

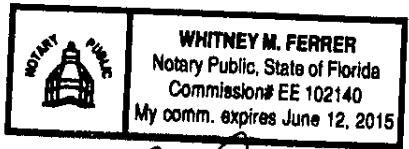
Signature of a member or authorized representative of a member

Chiquittia S. E. Carter-Walker

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00



Whitney M. Ferrer 2.4.13 orange, Florida

RECORDS SECTION
FALLENHURST, FLORIDA

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