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(Re	equestor's Name)	
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: F5L - OCOEE, LLC (Name of Limited Liabil)	lity Company)
·	
The enclosed Articles of Amendment and fee(s) are submitted for it	filing.
Please return all correspondence concerning this matter to the follo	wing:
BRUCE BLAKE	
(Name of Pers	on)
SENIOR HEALTH (Firm/Compar	MANAGE MENT, LLC
100 2ND AVENUE SOG	HTUOZIOP STIUZ HTW
ST. PETERS BURG, FL. (City/State and Zip	33701
	,
For further information concerning this matter, please call:	
PRUCE BLAKE at (Name of Person)	727 & 8 20 - 8419 (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 & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations	STREET/COURIER ADDRESS: Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Present Name)
(A Florida Limited Liability Company)

FIRST:	The Articles of Organization were filed on /0/31/05 and assigned document number _LOSOCO106099.
SECOND:	This amendment is submitted to amend the following:
	C16 PHASSEE,
	The sign of the si
(ARTICLE V) The name and address of
	managing members managers are:
	FOUNDATION FOR SENIOR LIVING, LLC
	360 CENTRAL AVENUE, SUITE 1550
	ST. PETERSBURG, FL 33701
Dated	NOVEMBER 17 , 2005.
	Hay Madona
	Signature of a member or authorized representative of a member
	HARRY DILLON MADONNA
	Typed or printed name of signee

Filing Fee: \$25.00