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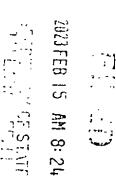
(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	-
(Document Number)	
Certified Copies Certificates of Status	·
Special Instructions to Filing Officer:	71

Office Use Only



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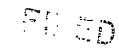
COVER LETTER

TO:

Registration Section

Division of Corp			
SUBJECT: Fait	h House Ass	1sted LIVING Facilited Liability Company	lity LLC
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	<u>Car</u>	los Durand Name of Person	
		Tand over the second	
		Firm/Company	
	290	Stoner Rd	
	Winter S	Prings FL 3270 City/State and Zip Code	<u>8</u>
	ب ا. ایس	City/State and Zip Code © C f ,	
	E-mail address: ($\textcircled{C} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	fication)
For further information co	ncerning this matter, please ca	all:	
Carlos D	urand	at (<u>37/</u>) <u>23/-</u> Area Code Daytime	-6318
Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	: following amount:		
S≥5.00 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 So Division of Co P.O. Box 6327 Tallahassee, F	ection orporations	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Faith House Assisted Living Facility LLC

2023 FEB 15 AM 8: 21

(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 10-11-2006 Florida document number ± 06000099129 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Ashphil Properties LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 290 Stoner Rd Enter new principal offices address, if applicable: Winter Springs, FL 32708 (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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
			🗆 Add
			Remove
			□Change
			DAdd
			□Remove
			□ Change
			□Add
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Effective date, if other than the lifan effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the I	t be specific and cannot be prior to date o ock does not meet the applicable stat	f filing or more than 90 days after filing	ng.) Pursuant to 605.0207
e record specifies a delayed effectivel is filed.	e date, but not an effective time, at 1	2:01 a.m. on the earlier of: (b)	The 90th day after the
Feb 10,	2023		
Dated			
Dated			
Dated Feb 10.	Signature of a member or authorized rep	Vesentative at a member	

Filing Fee: \$25.00



February 2, 2023

CARLOS DURAND 290 STONER RD WINTER SPRINGS, FL 32708

SUBJECT: FAITH HOUSE ASSISTED LIVING FACILITY, LLC

Ref. Number: L06000099129

We have received your document for FAITH HOUSE ASSISTED LIVING FACILITY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document number of the name conflict is L21000214319.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II



Letter Number: 923A00002491