L07000064997

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COVER LETTER

TO:	Registration Division of C	Section orporations		*
CUDI	A BANY	'AN RESIDENCE ASSISTED I	LIVING, LLC	
SUBJ	ECT:		nited Liability Company	
		of Amendment and fee(s) are sul pondence concerning this matter		
		SAMUEL J. CANTOR		
			Name of Person	
		SAMUEL J. CANTOR, F	² .A.	
			Firm/Company	
		1001 YAMATO ROAD.	SUITE 310	
			Address	
		BOCA RATON, FL 3343	1	
		DATTWOODAYCANINA	City/State and Zip Code	
		-		fication)
For fur	ther information			
PATR	Firm/Company 1001 YAMATO ROAD. SUITE 310 Address BOCA RATON, FL 33431			
	Name	of Person	Area Code Daytim	e Telephone Number
Enclose	ed is a check for	the following amount:		
■ \$2:	5.00 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

A BANYAN RESIDENCE ASSISTED LIVING, LLC

(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L07000064957	were filed on 06/20/2007	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the at	obreviation "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)		·
		2
B. If amending the registered agent and/or registered off	fice address on our records, enter	the name of the new
registered agent and/or the new registered office address here	:	5
N CN D		
Name of New Registered Agent:		
New Registered Office Address:	D. File of	
	Enter Florida street address	
	Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am f rovided for in Chapter 605, F.S. Or, address, I hereby confirm that the lin	amiliar with and if this document is nited liability
If Chang	ing Registered Agent, Signature of New Re-	gistered 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>	<u>Address</u>	Type of Action
MGR	AMANDA LABELL	100 BASE AVENUE EAST VENICE, FL 34285	□ Add
			■ Remove
			☐ Change
			Add
			☐ Remove
			Change
 -			□ Add
			Remove
			□ Change
			□ Remove
			☐ Change
			
			☐ Remove
			Change

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	200	2: 40
ffective date, if other than the date of filing:		

Page 3 of 3

Filing Fee: \$25.00