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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	





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COVER LETTER

го:	Registration Sec Division of Corp			
	Alea Acciet	ed Living Facilities, LLC		5
SUBJE	ECT:			
		Name of Lim	ited Liability Company	
The en	closed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Alimoon Ahmudally		
			Name of Person	
		Alea Assisted Living Facil	ities. LLC	
			Firm/Company	
		5304 NW 16th Street		
			Address	
		Lauderhill, FL 33313		
			City/State and Zip Code	
		alea5304@outlook.com		
		E-mail address: (to be used for future annual report not	fication)
For fur	ther information co	oncerning this matter, please ca	all:	
Alimo	on Ahmudally		954 7314863 at ()	
	Name of	Person	Area Code Daytim	ne Telephone Number
Enclose	ed is a check for th	e 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

Alea Assisted Living Facilities, LLC			
(Name of the Limited Liability Cor (A Florida Limit	npany as it now appears on our re ed Liability Company)	ecords.)	
The Articles of Organization for this Limited Liability Compa	any were filed on 01/05/2009	and assig	ned
Florida document number 1.09000000826			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited l	iability company here:		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation	"LLC" or the abbreviation "L.L.C	C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<i></i>	019(C	
			<u> </u>
		21	C.1,
Enter new mailing address, if applicable:	•	<u> </u>	 :-
Mailing address MAY BE A POST OFFICE BOX)			
			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address because the second of the new registered of the second of the new registered of the second of the se		eords, <u>enter the name_of</u>	the no
Name of New Registered Agent:		- -	
New Registered Office Address:	Enter Florida street a	diame	
	City	_, Florida	
	` '','		

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>	<u>Address</u>	Type of Action
MGR	Bibi A. Hayaat	20 Flowertown Ave Brampton, L6X2J9, Canada	■ Add
			☐ Remove
			Change
AMBR	Bibi A. Hayaat	20 Flowertown Ave Brampton, L6X2J9, Canada	Add
			■ Remove
			□ Change
			Add
			☐ Remove
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			□ Remove
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			□ Remove
			Change
			□ Remove
			☐ Change

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Filing Fee: \$25.00