	Florida Department of State Division of Corporations Electronic Filing Cover Sheet
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	To: Division of Corporations Fax Number : (650)617-6383
	From: Appoint Name : COURT ACCESS CENTERS OF AMERICA Appoint Number : 075350000541 Phone : (\$13)\$75-1333 Fax Number : (\$13)200-1050
	<pre>**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address:tenby23@acl.com</pre>
REC: 200 JUH 29 AM 8: 39	LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SHADY LANE RETIREMENT HOME, LLC

2018-06-29 12.30:50 (GMT)

18132001050 From John Gurba

Audit# H18000192029

## DocuSign Envelope ID: D3C43359-0F57-4772-AA78-D36738E9490B ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

## – OF

	LANE REFIREMENT HOME, LI				
(Name of the Limited) (A	Liability Company as it now appears Florida Linuted Liability Company)	on our records.)		_	
The Articles of Organization for this Limited Liab Florida document number	ility Company were filed on	01/13/2009	and	l assign	ned
This amendment is submitted to amend the follows	ing:				
A. If amending name, enter the new name of th	e limited liability company her	<u>.6</u> :			
The new name must be distinguishable and contain the word Enter new principal offices address, if applicable (Principal office address MUST BE A STREET)	e:	signation "LLC" or the a	abbreviatro	ս ՝՝L L.C	
Enter new mailing address, if applicable:				2819 J	
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	- <del>Z</del>	
			stroi	Hd 6	<u>.</u>   1
B. If amending the registered agent and/or registered agent and/or the new registered offic		our records, <u>enter</u>	the fia		the ney
Name of New Registered Agent:	KIRTI PA	TEC			
New Registered Office Address:	201 ROSEFIELD AVENI			<b></b>	
	Enter Ftori	la spect address			
	LEESBURG	, Florída	3474		
	City		Zψ C	Cell?	

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

Page 1 of 3

## To: Page 3 of 4

2018-06-29 12:30:50 (GMT)

18132001050 From: John Gurba

DocuSion Envelope ID: D3C43359-0F57-4772-AA78-D36738E9490B it amenuing Annibitized reison(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or reinoyed from our records:

## MGR = Manager

AMBR = Authorized Member

~

Title	Name	Address	Type of Action
AMBR	KIRTI PATEL	201 ROSEPIELD AVENUE	🖬 Add
		LEESBURG, FL 34748	Remove
		·	Change
MGRM	TERESH K., PATEL	13814 AMELIA POND DRIVE	🖸 Add
		WINDERMERE, FL 34786	🛱 Remove
			Change
······			O Add
			Remove
			Change
			O Add
			Remove
			Change
			🛛 Adıl
			Remove
			Change
			🖸 Add
			Remove
			Change

18132001050 From: John Gurba

2018-06-29 12:30.50 (GMT)	1
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DocuSion Envelope ID: D3C43359-0F57-4772-AA78-D36738E9490B IV. It amendung any other information, entir enangers) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

	6/28/2018		
Dated		•••••••••••••••••	Docusioned by: HIKTI PATEL ODD43A0220E54C3.
	Signature of a member	or authorized repres	entative of a member
		KIRTI PATEL	
	Typed	or printed name of si	gnee

Page 3 of 3

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