184292 MARIE 1842 192

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
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2009 SEP 14 AMII: 10
SERSETARY OF STATE
TALLAMASSEE FLORIDA

T. CLINE

SEP 15 2009

EXAMINER

COVER LETTER

то:

то:	Registration Sec Division of Corp			`
SUBJE	CT:	ASSISTED LIVI	NG HEALTHCARE LLC	
		Name of Lim	ited Liability Company	
The enc	losed Articles of A	Amendment and fee(s) are su	bmitted for filing.	
Please r	eturn all correspor	ndence concerning this matte	r to the following:	
		·	EARL MORGAN	
			Name of Person	
		MORGA	ANS FINANCIAL SERVICES	
			Firm/Company	
			4111 STIRLING RD	
			Address	
		ET	LAUDERDALE FL 33314	
			City/State and Zip Code	
			emorgy01@aol.com	50 B
			(to be used for future annual report notification)	255 SEP 14
For furtl	ner information co	ncerning this matter, please	call:	
	EAR	L MORGAN	at (954) 581-5047	Taria de la composición della
	Name of	Person	Area Code & Daytime Telephone Number	
Enclose	d is a check for the	e following amount:		5 5
₹ 25.0	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & \$60.00 Filing F Certified Copy Certificate of (additional copy is enclosed) Certified Copy (additional copy is enclosed)	Status &
	Registra	NG ADDRESS: tion Section of Corporations	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ING HEALTHCARE			
(Name of the Limited Liability) (A Florida	ty Company as it now appears Limited Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability	Company were filed on	09/01/09	and assigned	
Florida document numberL0900084292				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company here	:		
	E CHATEAU ALF LLC			
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Compan	ny," the designation "		
Enter new principal offices address, if applicable:		17. 	2009	
(Principal office address MUST BE A STREET ADD	RESS)	, in		
			337	
		į.	is a m	
Enter new mailing address, if applicable:			59 = 144	
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered agent and/or the new registered office add		ur records, <u>enter</u>	the name of the new	
Name of New Registered Agent:				
New Registered Office Address:				
	Ente	Enter Florida street address , Florida		
	City		Zip Code	

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 608, 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 the Managers'or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager ·

MGRM = Managing Member **Title** Name -Address Type of Action MGRM VALRIE HYLTON _ Add 2706 MONTEGO DRIVE Remove MIRAMAR FL 33023 FARINA LEVY MGRM ☐ Add 2706 MONTEGO DRIVE MIRAMAR FL 33023 ∇ Remove MGRM SARINA LEVY 2706 MONTEGO DRIVE ✓ Add MIRAMAR FL 33023 Remove ∏Add ,Remove 53 Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated _____ Signature of a member or authorized representative of a member EARL MORGAN Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00