

LI1000074387

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

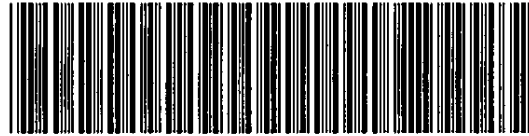
Special Instructions to Filing Officer:

Amend

Office Use Only

AR 4/29/13

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FILED
13 SEP 30 AM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1 Bush Oct 2 2013

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Agape Assisted Living Facility, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Aaliyah Ndisette
Name of Person

Agape Assisted Living Facility, LLC
Firm/Company

4819 Soutel Drive
Address

Jacksonville, FL 32208
City/State and Zip Code

agapeassistedlivingfacility@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aaliyah Ndisette at (904) 962-0012
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

FILED
13 SEP 30 AM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Agape Assisted Living Facility, LLC
(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 6/27/11 and assigned

Florida document number L11000074387

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Agape Assisted Living Facility and Adult Daycare, LLC
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4819 Soutel Drive
Jacksonville, FL 32208

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:

Aaliyah J. Noisette

New Registered Office Address:

4819 Soutel Drive

Enter Florida street address

Jacksonville, Florida 32208

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Vontres Lockett ^{AN.}	12042 Prospect Creek	<input type="checkbox"/> Add
		Jacksonville, FL 32218	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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☐ Add
☐ Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

• _____
• _____
• _____

Dated September 24, 2013.

Aaliyah Noisette

Signature of a member or authorized representative of a member

Aaliyah Noisette

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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