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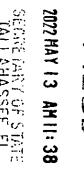
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COVER LETTER

TO: Registration Section

Division of Cor	porations				
	PALACE ASSISTED LIVING	G FACILITY			
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	ANDREA MATTIS				
		Name of Person	-		
	HIBISCUS PALACE ASS	ISTED LIVING FACILITY			
		Firm/Company	**		
	7181 VIA LEONARDO				
		Address	· · · · · · · · · · · · · · · · · · ·		
	LAKE WORTH, FLORID	A. 33467			
		City/State and Zip Code			
	HIBISCUSPALACE@GM.	AIL.COM to be used for future annual report not	ification)		
For further information c	oncerning this matter, please c	-	,		
ANDREA MATTIS	-	561 385-2532			
Name of Person		at () Area Code Daytin	ne Telephone Number		
Name o	i i cison	Area Code Dayiii	ie reiepitziie tranioe.		
Enclosed is a check for the	ne following amount:				
□ \$25.00 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 Addres		<u>Street Address:</u> Registration Se	ection		
Division of C	Corporations	Division of Corporations			
P.O. Box 632 Tallahassee,		The Centre of 7	Fallahassee oe Street, Suite 810		
ramanassee, .	FL 34314	2413 IV. IVIONIC	ic succi, suite ott		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 MAY 13 AM 11: 38

HIBISCUS PALACE ASSISTED LIVING FACILITY LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE TALLAHASSEE, FL

The Articles of Organization for this Limited Liabi Florida document number L13000119990	lity Company were filed on 08/26/20	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
HIBISCUS PALACE LLC		
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e: <u>N/A</u>	
(Principal office address MUST BE A STREET A	(ADDRESS)	***************************************
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or regi agent and/or the new registered office address h		s, enter the name of the new registered
Name of New Registered Agent:	N/A	
New Registered Office Address:	Enter Florida str	eet 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 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>	Address	Type of Action
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			□ Remove
			□ Change
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ective date, if other than the	date of filing:			((optional)		
ective date, if other than the an effective date is listed, the date must te: If the date inserted in this blo	be specific and car	nnot be prior to	date of filing or e statutory fili	more than 90 day	s after filing.) P	ursuant to 605 Il not be list	5.020 ted a
cument's effective date on the De	partment of State	e's records.					
record specifies a delayed he 90th day after the reco	effective dat rd is filed.	e, but not a	in effective	time, at 12.	:01 a.m. or	the earli	er (
05/09/2022		12:45PM					
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	Signature of a mer	fill Mu	ed representation	ve of a member			

Page 3 of 3

Filing Fee: \$25.00