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COVER LETTER

TO: Registration Section
Division of Corporations

Titusville Assisted Living, 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:

Rachel Stephens

Name of Person

Firm/Company

100 N. Harbor City Blvd

Address

Melbourne, Florida 32935

City/State and Zip Code

rachel@strategix.us

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rachel Stephens

_{at} 321 \ 604-3073

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the 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 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

| Titusville Assisted Living, LL | | | |
|--|---|-----------------------|---|
| (Name of the Limited Liabil (A Florid | ty Company as it now appears on a Limited Liability Company) | our records.) | |
| The Articles of Organization for this Limited Liability Florida document number L13000130479 | Company were filed on Septer | mber 16, 2013 | _ and assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the lin | nited liability company here: | | |
| The new name must be distinguishable and end with the w "L.L.C." | ords "Limited Liebility Company," | the designation "LLC | " or the abbreviation |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADI | ORESS) | | B 3 |
| | | | |
| | | | 3 9 |
| Enter new mailing address, if applicable: | | | 2 2 |
| (Mailing address MAY BE A POST OFFICE BOX) | | | TO PIT |
| | | | <u>ာ်က က ကျား</u> |
| B. If amending the registered agent and/or reg registered agent and/or the new registered office ad | istered office address on our dress here: | records, enter the | name of the new |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| · | Enter I | Florida street addres | s |
| | | , 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

| <u>Title</u> | Name | Address | Type of Action |
|--------------|---------------|-------------------------|----------------|
| MGRM | Stacey Biddix | 100 N. Harbor City Blvd | Add |
| | | Melbourne, FL 32935 | Remove |
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Page 3 of 3

Filing Fee: \$25.00

