

614000048277

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

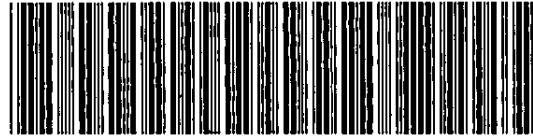
(Business Entity Name)

(Document Number)

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14 MAY - 7 PM 4:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers MAY 15 2014

657



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 7, 2014

ERNEST LAPOINTE  
142 BROYLES DR SE  
PALM BAY, FL 32909

SUBJECT: SHANGRI-LA OF MELBOURNE ALF, LLC  
Ref. Number: L14000048277

We have received your document for SHANGRI-LA OF MELBOURNE ALF, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 414A00007395

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SHANGRI-LA OF MELBOURNE ALF, 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:

ERNEST LAPOINTE  
Name of Person

SHANGRI-LA OF MELBOURNE ALF, LLC  
Firm/Company

142 BRUYLES DR. S E  
Address

PALM BAY FL. 32909  
City/State and Zip Code

IADATICA @ YAHOO. COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ERNEST LAPOINTE at ( 321 ) 507-8722  
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**

SHANGRI-LA OF MELBOURNE ALF, 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 03-24-2014 and assigned  
Florida document number L14000048.277

This amendment is submitted to amend the following:

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

N/A

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)

2204 Parsons Ave.  
Melbourne, FL  
32901

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

2204 Parsons Ave.  
Melbourne, FL  
32901

**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:

N/A

New Registered Office Address:

Enter Florida street address

, Florida

City

Zip Code

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14 MAY - 7 PM 4:00  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**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.*

N/A

**If Changing Registered Agent, Signature of New Registered Agent**

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	EUCLYN ANN LAPOINTE	1412 BROYLES DR. SE PALM BAY, FL 32909	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input 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

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TALLAHASSEE, FLORIDA

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

N/A

E. Effective date, if other than the date of filing: ~~04-01-2014~~ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated <sup>E.T.</sup> 05-09-2014



Signature of a member or authorized representative of a member

ERNEST LAPOINTE

Typed or printed name of signee

5-9-14

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14 MAY -7 PM 4:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA