1140000 88211

| (Requ | restor's Name) | |
|-----------------------------|-----------------|-------------|
| (Addr | ess) | |
| (Addr | ess) | |
| (City/s | State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Busin | ness Entity Nar | ne) |
| (Docu | ıment Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to Fil | ling Officer: | |
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Office Use Only



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COVER LETTER

TO:

| ΓO: Registration Se Division of Cor | | | |
|--|---|---|---|
| | use Assisted Living Facility, L | LC | |
| SUBJECT: | Name of Linu | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub- | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Lanaye Daymond | | |
| | | Name of Person | |
| | | Firm/Company | |
| | 10413 Riverdale Rise Driv | e | |
| | Riverview, F1 | Address | |
| | | City/State and Zip Code | |
| | Ldaymond09@yahoo.com E-mail address: (| to be used for future annual report no | tification) |
| For further information c | oncerning this matter, please co | all: | |
| Lanaye Daymond | | 813 966-5170 at () | |
| Name o | t Person | Area Code Daytii | ne Telephone Number |
| Enclosed is a check for the | he 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 | | Street Address: Registration S | ection |
| Registration S Division of C | | Division of Co | |
| P.O. Box 632 | | The Centre of | Tallahassee |
| Tallahassee, | FL 32314 | 2415 N. Monr | oe Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Rapha's House Assisted Living Facility, LLC

2020 JF: 16 PH 5: 16

(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 C | Company were filed on 05/27/2014 | and assigned |
|--|---|--|
| Florida document number L14000088211 | ' | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limi | ited liability company here: | |
| Rapha's House, LLC | | |
| The new name must be distinguishable and contain the words "Lim | ited Liability Company," the designation "LI | C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDR | RESS) | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| The state of the s | | |
| | | |
| B. If amending the registered agent and/or registered | d office address on our records, ento | er the name of the new registered |
| agent and/or the new registered office address here: | ' | |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| New Registered Office Address. | Enter Florida street addi | ress |
| | , 1 | Florida Zip Code |
| | City | Zip Code |
| New Registered Agent's Signature, if changing Registered | d Agent: | |
| I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and caccept the obligations of my position as registered at being filed to merely reflect a change in the registere company has been notified in writing of this change. | omplete performance of my duties, gent as provided for in Chapter 602 ed office address, I hereby confirm | and I am familiar with and 5, F.S. Or, if this document is |
| | If Changing Registered Agent, Signatur | e 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 = M $AMBR = A$ | lanager .uthorized Member | | |
|--------------------|------------------------------|-------------|----------------|
| <u>Title</u> | Name | Address | Type of Action |
| | | | □Add |
| | | | □Remove |
| | | | ☐ Change |
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| Note | effective date, if other than the date of filing: |
|---------|---|
| the rec | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed. |
| Date | January 13th Way Day Signature of a member of a member |
| | Committee of a money of administrative of a money. |
| | Lanaye Daymond |

Filing Fee: \$25.00