

L4000116127

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : GARY, DYTRYCH & RYAN, P.A.  
Account Number : I19990000255  
Phone : (561) 844-3700  
Fax Number : (561) 844-2388

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
AGEWELL LIVING LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED  
14 JUL 25 AM 7:22  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

FILED  
14 JUL 25 AM 9:42  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

JUL 28 2014

S. YOUNG

Jul. 25. 2014 11:54AM Gary Dytrych & Ryan

No. 6128 P. 2/5

((H14000177018 3)))

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: AgeWell 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:

Robin Mulligan

Name of Person

AgeWell Living LLC

Firm/Company

11360 N Jog Rd Suite 102

Address

Palm Beach Gardens, FL

City/State and Zip Code

robin@mymasterpieceliving.com

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

For further information concerning this matter, please call:

Robin Mulligan

Name of Person

at 561 624-1225

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$35.00 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

((H14000177018 3)))

Jul. 25. 2014 11:54AM

Gary Dytrych & Ryan

No. 6128 P. 3/5

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

((H14000177018 3)))

AgeWell Living 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 July 23, 2014 and assigned  
Florida document number L14000116127

This amendment is submitted to amend the following:

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

AgeWell Holdings, 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)

**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:

New Registered Office Address:

Enter Florida street address

City

Florida

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

((H14000177018 3)))

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

Title	Name	Address	Type of Action
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)* (((H14000177018 3)))

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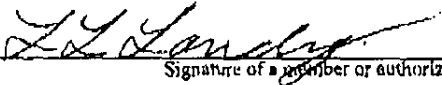
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated July 25, 2014

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Lawrence L Landry  
\_\_\_\_\_  
Typed or printed name of signer

Page 3 of 3  
Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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