L14000/10/27

. (Re	equestor's Name)	
(Ad	dress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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2016 JUN 10 TO STORY

ONHIT'S SOLD



May 26, 2016

KIM CARDASCIA 11410 NORTH JOG ROAD, STE 100 PALM BEACH GARDENS, FL 33418

SUBJECT: AGEWELL HOLDINGS, LLC

Ref. Number: L14000116127

We have received your document for AGEWELL HOLDINGS, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return 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.

Deborah Bruce Regulatory Specialist II

Letter Number: 416A00011188

COVER LETTER

Divisio	n of Corp	orations			
SUBJECT: Ag	gewell Holo	tings, LLC			
SOBJECT					
The enclosed A	rticles of A	mendment and fee(s) are subr	nitted for filing.		
Please return all	correspon	dence concerning this matter t	o the following:		
		Kim Cardascia			
			Name of Person		
		Agewell Living / Masterpie	ce Living, LLC		
			Firm/Company		
		11410 North Jog Road, Sui	te 100		
			Address		
		Palm Beach Gardens, FL 3:	3418	gun d	~ 3
			City/State and Zip Code		2016 JUN 10
		kim@mymasterpieceliving.c			
		E-mail address: (t	o be used for future annual report notif	ication)	, serve 13 14 15 16 16 16 16 16 16 16 16 16 16 16 16 16
For further info	rmation co	ncerning this matter, please ca	ll:		
Alys Daniels			561 844-3700 at (—റ ഡ
	Name of	Person		Telephone Number	9
Enclosed is a ch	neck for the	following amount:			
□ \$25.00 Filin	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Certificate of Certified Cop (additional copy	f Status & py

MAILING ADDRESS:

Registration Section

TO:

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

Agewell Holdings, LLC	
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Compan	ears on our records.) y)
The Articles of Organization for this Limited Liability Company were filed on Florida document number L14000116127	July 23, 2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	here:
The new name must be distinguishable and contain the words "Limited Liability Company," the	ne designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	-4 -2
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	2011
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	C C C
	<u>ت</u> کا این
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	on our records, enter the name of the
Name of New Registered Agent:	
New Registered Office Address:	
Enter	Florida street address
	, Florida
Ciţv	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, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Lawrence L. Landry	11410 N Jog Rd., Ste 100	
		Palm Beach Gardens, FL 33418	■ Remove
			Change
A MBR	Mark C. Lichtenwalner	11410 N Jog Rd., Ste 100	
		Palm Beach Gardens, FL 33418	■ Remove
	·		☐ Change
MGR	Double L Investment, Inc.	11410 N Jog Rd., Ste 100	■ Add
		Palm Beach Gardens, FL 33418	□ Remove
			☐ Change
MGR	MCI International Management Ser	11410 N Jog Rd., Ste 100	Add 7
		Palm Beach Gardens, FL 33418	Remove
			Change
	 		Add
			☐ Remove
			□ Change
			Add
			□ Remove
			☐ Change

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Effective	e date, if other	than the da	te of filin	ıg:				(op	tional)		
Note: If	tive date is listed, f the date inserte nt's effective dat	d in this block	c does not	meet the a	pplicable						
he reco The 9	ord specifies a 90th day afte	delayed e	effective d is filed	date, bu	ıt not aı	n effectiv	e time, a	nt 12:0:	la.m.	on the	e earlier
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Page 3 of 3

Filing Fee: \$25.00