L14000136478

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	_
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

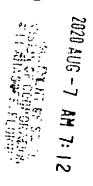
Office Use Only



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COVER LETTER

TO:

Registration Section

Division of Cor	rporations	·	
Rose Assis	ted Living Facility, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Fransise Derezil		
	<u></u>	Name of Limited Liability Company and fee(s) are submitted for filing. Pering this matter to the following: Derezil Name of Person isted Living Facility, LLC Firm/Company Moselle Ave Address Lucie, FL 34953 City/State and Zip Code dliving@yahoo.com E-mail address: (to be used for future annual report notification) s matter, please call: 18 838-4313 Area Code Daytime Telephone Number mount: Filing Fee & Certified Copy (additional copy is enclosed) Street Address: Registration Section	
	Rose Assisted Living Faci	lity, LLC	
		Firm/Company	
	256 SW Moselle Ave		
		Address	
	Port Saint Lucie, FL 3495	Name of Limited Liability Company Int and fee(s) are submitted for filing. Incerning this matter to the following: It is Derezil Name of Person Incerning this matter to the following: It is Derezil Name of Person Incerning this matter to the following: It is Derezil Name of Person Incerning this matter to the following: Address Incerning this matter to the following: Incerning this matter t	
		•	
			tification)
For further information of	oncerning this matter, please c	all:	
Fransise Derezil		718 838-4313	
Name o	f Person		me Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Mailing Addres Registration S		· · · · · · · · · · · · · · · · · · ·	aatian
Division of C			
P.O. Box 632	7	The Centre of	Tallahassee
Tallahassee, l	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2012

ROSE ASSISTED LIVING FACILITY LLC		18 T1			
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.)	Area G			
The Articles of Organization for this Limited Liability Company vi Florida document number L14000136478		and assigned			
					
This amendment is submitted to amend the following:		71.7°C			
A. If amending name, enter the new name of the limited liabil	lity company here:				
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or	r the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
	•				
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	idress on our records, <u>enter the</u>	e name of the new registered			
Name of New Registered Agent:	<u> </u>				
New Registered Office Address:					
	Enter Florida street address				
	, Florid	da			
	City	Zip Code			
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p					

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Corriolan Derezil	1896 SW Jamsesport Drive	≣ Add
		Port Saint Lucie, Fl 34953	□Remove
			□Change
			□Add
			□Remove
			Change
			⊡Add
			
			□Change
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If an effective da Note: If the d	te is listed, the d ate inserted in	an the date of date must be specificated this block does in the Department	cific and cass not med	nnot be price t the appl	cable sta				iling.) Pursu	
e record specif rd is filed.	es a delayed e	effective date,	but not ar	effective	time, at 1	2:01 a.m. (on the ear	ier of: (b)	The 90th	day after the
Dated 4th of A	ugust		,	2020	·					
	J.	ransi	Marie Marie	Dei	lz.	presentative	of a mamh	er.		
		Signatu	ae or a me	moer of aut	norneed (e)	a cacatative	or a memo	CI		
r	nsise Derezil									

Filing Fee: \$25.00