L14000147726

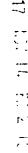
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: LA Chapelle Senior I Duest Meut 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:
Sheyling Sewor. Name of Person
LA Chapelle Senior Investment. LLC.
7395 Avenicla del MAR
Boca RATON, Florida 33433 City/State and Zip Code MSLAChapelle @ a ol. Com. E-mail address (to be used for future annual report notification)
For further information concerning this matter, please call:
Sheyloug Sewor at (561) 7026181 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) \$\Bigcup \$60.00 Filing Fee, 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

	OF	
Name of the Limited Liability Comp (A Florida Limited		
The Articles of Organization for this Limited Liability Companies 14000147726.	y were filed on $09/2$	72/2014 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designa	tion "LLC" or 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:		<u></u>
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>
		<i>ب</i>
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B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	eet address
		, Florida
··	City	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, enter the title, name, and address of each person being added or removed from our records:

MGR = 1 $AMBR = 1$	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	LaChapelle Michael B	12701 S John Pkwy, 217 Oplaudo, FL. 32837	B Add
		Oplaudo, FL. 32837	Remove
			Change
			D Add
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