

#L15000051108

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

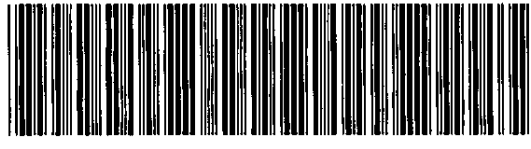
(Business Entity Name)

(Document Number)

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2015 MAY 26 AM 9:39
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED

K. SALLY
EXAMINER
JUN -1 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ACACIA GROVE ASSISTED LIVING FACILITY 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:

DOROTHY M ARIAS

Name of Person

ACACIA GROVE ASSISTED LIVING FACILITY LLC

Firm/Company

2485 RIDGECREST AVENUE

Address

ORANGE PARK, FLORIDA 32065

City/State and Zip Code

ACACIAGROVEALF@GMAIL.COM

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

For further information concerning this matter, please call:

DOROTHY M ARIAS

904 777-4875
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:
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**

FILED
2015 MAY 26 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACACIA GROVE ASSISTED LIVING FACILITY 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 5/20/2015 and assigned Florida document number L15000051108.

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 designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2485 RIDGECREST AVENUE

(Principal office address MUST BE A STREET ADDRESS)

ORANGE PARK, FLORIDA 32065

Enter new mailing address, if applicable:

2485 RIDGECREST AVENUE

(Mailing address MAY BE A POST OFFICE BOX)

ORANGE PARK, FLORIDA 32065

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

_____, 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 = Manager
AMBR = Authorized Member

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

EMPLOYER IDENTIFICATION NUMBER (EIN) 47-3534698

E-MAIL ADDRESS: ACACIAGROVEALF@GMAIL.COM

Multiple horizontal lines for amending information.

2015 MAY 26 AM 9:39
STATE DEPARTMENT OF REVENUE
TALLAHASSEE FL 32310

FILED

E. Effective date, if other than the date of filing: 5/20/2015 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated MAY 18, 2015

Dorothy Arias
Signature of a member or authorized representative of a member

DOROTHY M ARIAS
Typed or printed name of signee