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COVER LETTER

TO:

	Registration Se Division of Cor			
elib ie <i>c</i>		Assisted Living LLC	,	
SUBJEC	CT:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Albert W. Harrington		
			Name of Person	
		BrendLyn Assisted Living	LLC	
			Firm/Company	
		81 Buttonworth DR.		
			Address	
		Palm Coast, F1,32137		
			City/State and Zip Code	
		brendlynalf@outlook.com	to be used for future annual report not	ification)
For furth	er information co	oncerning this matter, please co	-	meanon)
Albert W	/. Harrington		386 302-5448 at ()	
Name of Person			ne Telephone Number	
Enclosed	is a check for th	e 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 Addressing Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Fallahassee be Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BrendLyn Assisted Living LLC.				
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our d Liability Company)	records.)		
The Articles of Organization for this Limited Liability Compa	ny were filed on May 29, 20	15	and assign	ned
Florida document number L15000094522				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	ability company here:			
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation	n "LLC" or the abbrev	iation "L.L.C	· »
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
			202	<u></u>
		יָר	O HA	
Enter new mailing address, if applicable:			2. 2. 2.	
(Mailing address MAY BE A POST OFFICE BOX)		<i></i>	?	
-		<u> </u>		- 13 E
D. If amonding the productional areas and/or resistant 1.50 a			-	
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records,	enter the name of	the new r	egistered
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street	address		
	Cit	, Florida	7:- C-1-	
New Registered Agent's Signature, if changing Registered Ager	City	4	пр Соае	
			•	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offi company has been notified in writing of this change.	tte performance of my duti s provided for in Chapter	ies, and I am fami 605, F.S. Or, if th	iliar with a his docume	and

If Changing Registered Agent, Signature of New Registered Agent

m amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
OP-DIR	Emelyn C. Harrington	7 Fieldstone Lan, Palm Coast,Fl 32137	= Add
			□ Remove
			□Add
			□Remove
		 	Change
			□Add
			□Remove
			□Change
·····			□Add
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