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J. HARRIS

COVER LETTER

TO:	Registration Sec Division of Corp		·		
SUBJE	CCT:	Saint	Francis	Assisted L	iving facility, Lie
			Name of Limited	Liability Company	
The end	closed Articles of A	mendment and fe	ee(s) are submit	tted for filing.	
Please	return all correspon	dence concerning	g this matter to	the following:	
		Ma	Elena J	ones	√.
				Name of Person	
		Saint	Francis	ASSISTED LIVING	g Facility, LLC
		•	Δ	Drive	
				Address	
		New	Smyrn	a Beach, FI	. 32168
		STA	AREL 6	a Beach, Fl City/State and Zip Code 3 @ MSN, CO1	Ч
		E-n	nail address: (to b	ne used for future annual report	notification)
For fun	her information co	ncerning this mat	ter, please call:		
	Elena J	ones		at (386) 680	7-5339
	Name of	Person		Area Code Day	rtime Telephone Number
Enclose	ed is a check for the	_			
☐ \$2:	5.00 Filing Fee	\$30.00 Filing Certificate		□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registra	NG ADDRESS: tion Section of Corporations		STREET/COU Registration Se Division of Co	

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Saint Francis	Assisted Living Facility, LLC				
(Name of the Limit	ted Liability Company as it now appears on our records.) (A Florida Limited Liability Company)				
il i					
The Articles of Organization for this Limited L	iability Company were filed on Felsewary 01, 2016	_ and assigned			
Florida document number L 1 60000 21	949				
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited liability company here:				
Saint Francis Busin	ess and Elena's RTW, LLC				
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LLC" or the abbre	viation "L.L.C."			
Enter new principal offices address, if applic	rable:				
(Principal office address MUST BE A STREE	ET ADDRESS)	- 13			
	<u> </u>	<u> </u>			
	> `` :::	ri em			
The state of the Backley		- grass			
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	<u> </u>			
		••			
	r ğ Ne	C 64			
B. If amending the registered agent and registered agent and/or the new registered of	or registered office address on our records, enter the ffice address here:	e name of the new			
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida street address				
	, Florida	Zip Code			
	City	~p ~~~			

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

<u>remove</u>	d from our records:	ed to manage, <u>enter the title, name, a</u>	
MGR = 1 AMBR =	Manager Authorized Member		
<u>ïtle</u>	<u>Name</u>	Address	Type of Action
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			Remove
			Change
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n effective date is listed, te: If the date inserte cument's effective dat	the date must be specific d in this block does not the on the Department of delayed effective	and cannot be p of meet the app of State's reco	olicable statutory rds.	filing requiremen	ays after filing.) Purs nts, this date will i	not be listed :
he 90th day afte	r the record is file	e date, but ed.	not an enecti	ve time, at 12	e.or a.m. on t	ne earner
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