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COVER LETTER

Division of Corporations
SUBJECT: SHANGRI-LA OF WEST MELBOURNE ALF, LL C 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:
ERNEST LAPOINTE Name of Person
SHANGRI-LA OF WEST MELBOURNE ALF, LLC Firm/Company
1511 WHITMAN DRIVE
WEST MELBUURNE, FL 32-904 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ERNEST LA POINTE at (321) 507-8722 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, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

SHANGRI-LA OF WEST MELBOURNE ALF, 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 Co Florida document number <u>L16000129518</u>		01-08-2016	and assign	ied
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ted liability company he	ere:		
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the d	esignation "LLC" or the abbrev	iation "L.C	
Enter new principal offices address, if applicable:		2	÷	A MAR SERVE
(Principal office address MUST BE A STREET ADDR	(ESS)		<u> </u>	the ne
		. : ابر	ú	₹ ₹
			P A	٠.
Enter new mailing address, if applicable:		· .	بن <u></u>	
(Mailing address MAY BE A POST OFFICE BOX)	-	· · · · · · · · · · · · · · · · · · ·	38	
(Making address MAT BE A FOST OFFICE BOA)		-	A11-4-1	
B. If amending the registered agent and/or regist	tered office address on	our records, enter the	name of	the nev
registered agent and/or the new registered office addr		· · · · · · · · · · · · · · · · · · ·	- "-	
Name of New Registered Agent:				
New Registered Office Address:				
New Registered Office Address.	Enter Flor	ida street address		
		Florida		
· -	City	Florida	Lip Code	
New Registered Agent's Signature, if changing Registered	l Agent:			
I hereby accept the appointment as registered agent a	and agree to act in this o	capacity. I further agree	to comply	with the

If Changing Registered Agent, Signature of New Registered Agent

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 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 3170 WATERFRASS ST.	Type of Action
AMBR	ISAIAHJ. PRI MO	WEST MELBOURNE, FL 329	04 🗗 Add
			Remove
			Change
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			□ Add
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	AMRESS CHANGES:
	ERNEST R. LAPOINTE
	2400 LARCH CIRCLE NE, APT. 204
	PALM BAY, FL 32905
	EUCLYN ANN LAPOINTE
	3170 WATERGRASS ST.
	WEST MELBOURNE, FL 32904
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ffective	e date, if other than the date of filing: (optional)
<u>lote:</u> If	ive 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
ocumen	t's effective date on the Department of State's records.
e reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
The 9	Oth day after the record is filed.
atad	9-30-2019. L'Exprime :
aleu	
	The state of the s
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00