

L16 000 199215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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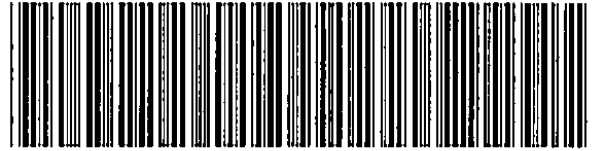
(Business Entity Name)

(Document Number)

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# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LOVENG Angels ASSISTED Living 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:

Robert Newsholme  
Name of Person

Flagler TAX SERVICE.COM LLC  
Firm/Company

PO Box 1574  
Address

Palmer, FL 32110  
City/State and Zip Code

Flagler TAX SERVICE @ GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bob Newsholme at ( 386 ) 793-7156  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

TO  
**ARTICLES OF ORGANIZATION**  
OF

Loving Angels Assisted Living, 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 11/1/16 and assigned  
Florida document number L16000199215

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:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of 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**

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Ac</u>
<u>S</u>	<u>GOMEZ, TERESA</u>	<u>75 BRUNSWICK LANE</u>	<input type="checkbox"/> Add
		<u>Palm Coast, FL 32137</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>S</u>	<u>Provesti, Emma</u>	<u>75 BRUNSWICK LANE</u>	<input checked="" type="checkbox"/> Add
		<u>Palm Coast, FL 32137</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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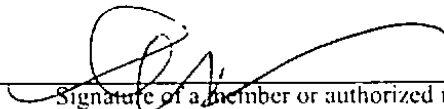
**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(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 605.021

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 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:  
(a) The date specified in the record.  
(b) The 90th day after the record is filed.

Dated 9/25/19



Signature of a member or authorized representative of a member

Roman Newstholme

Typed or printed name of signee



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Detail By Document Number](#) /

## Detail by Entity Name

Florida Limited Liability Company  
LOVING ANGELS ASSISTED LIVING, LLC

### Filing Information

<b>Document Number</b>	L16000199215
<b>FEI/EIN Number</b>	90-0708686
<b>Date Filed</b>	11/01/2016
<b>Effective Date</b>	10/27/2016
<b>State</b>	FL
<b>Status</b>	ACTIVE
<b>Last Event</b>	LC AMENDMENT
<b>Event Date Filed</b>	07/27/2018
<b>Event Effective Date</b>	NONE

### Principal Address

9 RAMBLE WAY  
PALM COAST, FL 32164

### Mailing Address

9 RAMBLE WAY  
PALM COAST, FL 32164

### Registered Agent Name & Address

FLAGLERTAXSERVICE.COM, LLC  
2 LEE PLACE  
PALM COAST, FL 32137

### Authorized Person(s) Detail

#### **Name & Address**

Title P

PRONESTI, GIULIO  
77B BRUNSWICK LN  
PALM COAST, FL 32137

Title S

GOMEZ, TERESA *Emma Pronesti*  
75 BRUNSWICK LN  
PALM COAST, FL 32137