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(F	Requestor's Name)	
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### **COVER LETTER**

Division of Corp	orations		
SUBJECT:	NEYS A	LAH L, L	, C
	Name of Line	ned Elability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	LOVE	Name of Person	· .
	LOVEYS	AFCH La	<u> </u>
	112 5	Street	
	HOLL	4/16	FC 32/17
,	Joventho E-patil address: (1	City/State and Zip Code  Left Q Lot  to be used for future annual report notifi	mail com
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For further information co	ncerning this matter, please ca	ıl1:	
LOVE C	ERANT	at 386) 263	5-29/2
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	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 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

LOVEYS A (Name of the Limited Liab) (A Flori	FCH ility Company a da Limited Liabi	s it now appea lity Company)	rs on our records.	J	
The Articles of Organization for this Limited Liability Florida document number	Company wer	re filed on	11/14/1	<u>'</u> and as	ssigned
This amendment is submitted to amend the following:	•				
A. If amending name, enter the new name of the line LOVEY'S ALF  The new name must be distinguishable and contain the words "Li  Enter new principal offices address, if applicable:	"/./.c"			or the abbreviation "I	"L.C."
Enter new principal offices address, it applicable: Principal office address MUST BE A STREET ADD	ORESS) _		Sam	و	
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)				1,	50 THE
B. If amending the registered agent and/or reg		address o	n our records,	•	of the new
Name of New Registered Agent:					
New Registered Office Address:		Enter Flo	rida street address		
		City	, Floi	ridaZip 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

<u>itle</u>	<u>Name</u>	Address	Type of Action
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tive date, if other than the d	ate of filing:		(opt	ional)
tive date, if other than the diffective date is listed, the date must be If the date inserted in this bloc	e specific and cannot b k does not meet the	e prior to date of filing o applicable statutory f	r more than 90 days after ling requirements, the	er filing.) Pursuant to 605.0 is date will not be listed
ment's effective date on the Dep	artment of State's re	cords.		
ecord specifies a delayed e	effective date, b	ut not an effectiv	e time, at 12:01	a.m. on the earlie
e 90th day after the recor	d is filed.			
4/25/17				
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Page 3 of 3

Filing Fee: \$25.00