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# CT CORP

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Date:	9/26/2017		$\sim$	111
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Name:	Operations 7	amarac LLC		
Document #:	·			
Order #:	10651986 (1	of 3)		
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		Thank you!	· .	•

## **COVER LETTER**

Divisio	on of Corporations	
Og SUBJECT:	perations Tamarae LLC	
SUBJEC1:	Name of Limited Liability Company	
The enclosed Ar	rticles of Amendment and fee(s) are submitted for filing.	
Please return all	correspondence concerning this matter to the following:	
	Sasha Slimak	
	Name of Person	
	Firm/Company	
	11077 Biscayne Boulevard, Suite 304	
	Address	
	North Miami, Florida 33161	
	City/State and Zip Code	
	sslimak@gmail.com	
	E-mail address: (to be used for future annual report notification)	
For further infor	mation concerning this matter, please call:	
Sasha Slimak	305 767-0966	
	Name of Person Area Code Daytime Telephone Number	
Enclosed is a ch	eck for the following amount:	
■ \$25.00 Filin	ng Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee Certificate of Status  Certified Copy Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	atus &

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

Operations Tamarac LLC		
(Name of the Limited Liability ( (A Florida Li	Company as it now appears on our records.) mited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Com Florida document number <u>L17000024132</u> .	opany were filed on 01/30/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limiter	d liability company here:	
Bessli Senior Living LLC		
The new name must be distinguishable and contain the words "Limited	Lizbility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	SS)	
		1 7
		6 5
Enter new mailing address, if applicable:		28 1
Mailing address MAY BE A POST OFFICE BOX		3、星
maning address with about the transfer of the boys		بې 🚎
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		nter the name of the ne
Name of New Registered Agent;		
New Registered Office Address:		
	Enter Florida street address	
<del></del>	, Florid	
<del></del>	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

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 = M $AMBR = A$	Aanager Authorized Member		
Title	<u>Name</u>	Address	Type of Action
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Effective date, if other than the If an effective date is listed, the date mus Note: If the date inserted in this blue document's effective date on the Defective date on the Defective date.	t be specific and cannot be prior ock does not meet the applic	able statutory filing requ	(optional) an 90 days after filing.) Pursuant direments, this date will not	i to 605.0207 ( be listed as ti
he record specifies a delayed The 90th day after the rec		t an effective time,	at 12:01 a.m. on the	earlier of:
Dated September 26	2017			
1.11	4 11	<del></del>		
	Samuel and Company of the Company of	orized representative of a r	number .	
-/	Signature or a member or auto-	orized representative or a r	iculoci	

Page 3 of 3

Filing Fee: \$25.00