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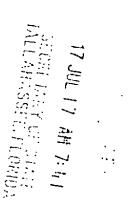
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Certified Copies	_ Certificates	of Status
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COVER LETTER

	Y OF LOVE ASSISTED LIVE	NG LLC	
SUBJECT:	Name of Limi	ted Liability Company	
the enclosed Articles of	Amendment and fee(s) are subr	mitted for filing.	
Please return all correspo	ndence concerning this matter (Name of Person Firm/Company T. FL 32164 City/State and Zip Code EPING@YAHOO.COM nail address: (to be used for future annual report notification) tter, please call: 786 282-6702	
	DORIS NICHOLS		
		Name of Person	
		Firm/Company	
	45 PHEASANT DRIVE		
		Address	
	PALM COAST, FL 32164		
	A_GBOOKKEEPING@Y/	VHOO.COM to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please ca	·	
DORIS NICHOLS		786 282-6702	
Name c	l Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section Division of Corporations

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clitton Building 2601 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HARMONY OF LOVE 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 $\frac{07-12-2017}{2}$ and assigned Florida document number $\underline{\frac{1.17000149715}{}}$ 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 "LLC." 45 PHEASANT DRIVE Enter new principal offices address, if applicable: PALM COAST, FL 32164 (Principal office address MUST BE A STREET ADDRESS) 45 PHEASANT DRIVE Enter new mailing address, if applicable: PALM COAST, FL 32164 (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 the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

Thereby 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.

New Registered Agent's Signature, if changing Registered Agent:

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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
VÞ	DORIS NICHOLS	45 PHEASANT DRIVE	■ Add
		PALM COAST, FL 32164	☐ Remove
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Typed or printed name of signee

Filing Fee: \$25.00