

L17000232528

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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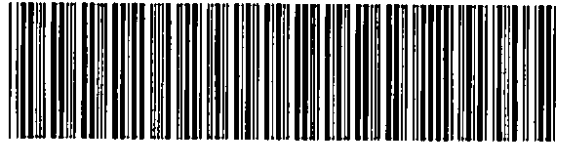
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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U/S
12-13-18

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GREATEST GENERATION ALF, 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:

CHRISTOPHER A. DESROCHERS, ESQ.

Name of Person

CHRISTOPHER A. DESROCHERS, P.L.

Firm/Company

2504 AVENUE G NW

Address

WINTER HAVEN, FL 33880

City/State and Zip Code

CADLAWBUSINESS@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRISTOPHER DESROCHERS

863 299-8309
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

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**

GREATEST GENERATION 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 Company were filed on 11/17/2017 and assigned
Florida document number L17000238528.

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)

6039 CYPRESS GARDENS BLVD

STE 271

WINTER HAVEN, FL 33884

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6039 CYPRESS GARDENS BLVD

STE 271

WINTER HAVEN, FL 33884

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:

CHRISTOPHER A DESROCHERS

New Registered Office Address:

2504 AVENUE G NW

Enter Florida street address

WINTER HAVEN

Florida

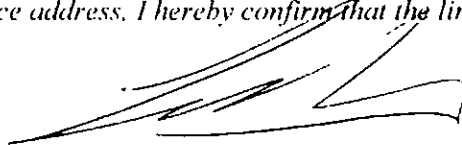
City

33884

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 = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	STEPHEN DRISCOLL	PO BOX 0473	<input type="checkbox"/> Add
		BALDWIN, NY 11510	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ANZEN'NA MIRAI, LLC	6039 CYPRESS GARDENS BLVD STE 271	<input checked="" type="checkbox"/> Add
		WINTER HAVEN, FL 33884	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	STORM CLOUD, LLC	6039 CYPRESS GARDENS BLVD STE 271	<input checked="" type="checkbox"/> Add
		WINTER HAVEN, FL 33884	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 DEC -7 PM 4:25
SICILIANO, JANE
TALLAHASSEE, FLORIDA

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated DECEMBER 5

2018

Signature of a member or authorized representative of a member

CHRISTOPHER DESROCHERS, AUTHORIZED REPRESENTATIVE

Typed or printed name of signee