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C. GOLDEN MAR 11 2019

COVER LETTER

	Registration Sec Division of Corp			
		COVERY HOME LLC		
SUBJEC	Т:	Name of Limi	ted Liability Company	·
The enclo	osed Articles of .	Amendment and fee(s) are subr	mitted for filing.	
Please ret	turn all correspo	ndence concerning this matter t	to the following:	
		Rodney, Melisa		
		HART RECOVERY HOME	Name of Person	
		3641 NW 79TH AVE	Firm/Company	
		CORAL SPRINGS FL 3306	Address 55	
		HARTASSISTEDLIVING@G	City/State and Zip Code	en en en en e _n
		E-mail address: ()	to be used for future annual report notif	cation)
For furth	er information c	oncerning this matter, please ca	dl:	
	Name o	f Person	at ()Area Code Daytime	Telephone Number
Enclosed	l is a check for th	ne following amount:		
\$25.0	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

FILED

2019 FEB 26 AH 11: 07

HART RECOVERY HOME LLC

company has been notified in writing of this change.

(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 06/19/2018	and assigned
Florida document number L18000150437		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
HART ASSISTED LIVING LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL)	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3641 NW 79TH AVE	
(Principal office address MUST BE A STREET ADDRESS	CORAL SPRINGS FL 3306	65
Enter now mailing address if applicables	3641 NW 79TH AVE	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	CORAL SPRINGS FL 3306	65
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		ds, enter the name of the nev
Name of New Registered Agent:		<u>.</u>
N. D. San al Office Address		
New Registered Office Address:	Enter Florida street addre	ess
	F	Torida
·	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u> </u>	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as	performance of my duties, a	and Lam familiar with and 🥏

If Changing Registered Agent, Signature of New Registered Agent

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

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> Title</u>	<u>Name</u>	Address	Type of Action
			D Add
			□ Remove
			Change
			Remove
			Add
			□ Remove
			Change
			□ Remove
			Change
			□ Remove
		<u> </u>	Change
		<u> </u>	Add
			□ Remove
			Change.

ffective date, if other than the data an effective date is listed, the date must be solve: If the date inserted in this block	i specific and cannot be prior to i	rate of mind of more man.	(optional) 90 days after filing.) Pursi	uant to 605.020
		-		
		 		<u>_</u>
			-	
			.	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00