L19000014970

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Q. SILAS

MAY 12 2022

5/5/22

Office Use Only

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2022 MAY -5 PM 6:2[illegible]

SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

2022 MAY -5 AM 8:04

SECRETARY OF STATE
TALLAHASSEE, FL

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 25, 2022

CORALIS LABOY
11844 GINSBERG PLACE
ORLANDO, FL 32832

SUBJECT: SENIOR FELLOWSHIP ASSISTED LIVING FACILITY, LLC
Ref. Number: L19000014870

We have received your document and check(s) totaling $43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas
Regulatory Specialist II

Letter Number: 322A00009609

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Senior Fellowship Assisted Living Facility, 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:

Coralis Labay
Name of Person

Senior Fellowship Assisted Living facility, LLC
Firm/Company

11844 Ginsberg Pl.
Address

Orlando, FL 32832
City/State and Zip Code

Clabay1126@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Coralis Labay at (407) 534-9979
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)

Already sent check #1182 for the amount of $43.75 on 3/18/22 Processed on → Please see letter attached

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2019 MAY -5 PM 4:26
SECRETARY OF STATE
TALLAHASSEE, FL

Senior Fellowship Assisted Living Facility, 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 1/14/2019 and assigned Florida document number L19000014870

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Labuy Senior Resource & Consulting, LLC

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)

same

11844 Ginsberg Pl.
Orlando, FL 32832

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

same

11844 Ginsberg Pl.
Orlando, FL 32832

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:

same

Name of New Registered Agent: Coralis Labuy

New Registered Office Address: 11844 Ginsberg Pl.
Enter Florida street address

Orlando, Florida 32832
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.

Coralis Labuy

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

N/A

Title	Name	Address	Type of Action
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 4/28/2022

Coralis Laboy

Signature of a member or authorized representative of a member

Coralis Laboy

Typed or printed name of signee

N/A