L200000 13719

| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| Special Instructions to Filing Officer: |
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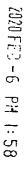




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R. WHITE



COVER LETTER

| TO: | Registration S Digision of Co | | • | • | |
|---------------|---|---|---|--|--|
| eun ir. | | RI-LA OF PALM BAY ALF, LL | .C | | |
| SUBJE | CI: | Name of Lim | ited Liability Company | | |
| The enc | losed Articles o | of Amendment and fee(s) are sub | mitted for filing. | | |
| Please r | eturn all corresp | oondence concerning this matter | to the following: | | |
| | | RODNEY S WHITE CPA | | | |
| | | | Name of Person | - | |
| | | RODNEY S WHITE CPA | | | |
| | | | Firm/Company | | |
| | 4650 LIPSCOMB STINE, SUITE 20 | | | | |
| | | | Address | · · · · · · · · · · · · · · · · · · · | |
| | | PALM BAY, FL 32905 | | | |
| | | | City/State and Zip Code | | |
| | RODWHITECPA@EARTHLINK.NET E-mail address: (to be used for future annual report notification) | | | | |
| Co. Co. | | | · | tication) | |
| roriuiu | ter information | concerning this matter, please concerning this matter, please concerning this matter. | an: | | |
| RODNI | EY S WHITE C | CPA | 321 728-9366 at () | | |
| | Name | of Person | Area Code Daytimo | e Telephone Number | |
| Enclose | d 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 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**

2020 FED -6 PM 1:58

SHANGRI-LA OF PALM BAY ALF, LLC

(Name of the Limited Liability Company as it now appears on our records.)

| \ <u></u> | (A Florida Limited Liability Company) | , |
|--|---|-------------------------------|
| The Articles of Organization for this Limited Lia Florida document number L20000013719 | ability Company were filed on 01/07/2020 | and assigned |
| This amendment is submitted to amend the follo | owing: | |
| A. If amending name, enter the new name of | the limited liability company here: | |
| The new name must be distinguishable and contain the we | ords "Limited Liability Company," the designation "LLC" | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applica | able: | |
| (Principal office address MUST BE A STREE | T ADDRESS) | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I B. If amending the registered agent and/or reagent and/or the new registered office addres | egistered office address on our records, enter t | he name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | , Flo | rida |
| | Сиу | Zıp Code |
| New Registered Agent's Signature, if changing R | | |
| I hereby accept the appointment as registered | d agent and agree to act in this capacity I fur | ther norge to comply with the |

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 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> | Address | Type of Action |
|--------------|----------------|-------------------------|-----------------|
| AMBR | STURM, MARIE V | 4975 DIXIE HWY NE. #503 | |
| | | PALM BAY, FL 32905 | □Remove |
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| (If an effective Note: I | re date, if other than the date of etive date is listed, the date must be spe if the date inserted in this block do nt's effective date on the Departm | cific and cannot be prior es not meet the applic | able statutory filin | (option fore than 90 days after t g requirements, this | iling.) Pursuant to 605.02 | 207 (3)(h as the |
| f the record ecord is file | specifies a delayed effective date, d. | but not an effective ti | me, at 12:01 a.m. | on the earlier of: (b) | The 90th day after the | he |
| J Dated _ | ANUARY 30 | 2020 | | | | |
| | 1 Steven | are of a member or author | vrizad rapresentuliva | of a member | | |
| | | Or auth | co representative | , a member | | |
| | MARIE V STURM, AMBR | | | | | |

Filing Fee: \$25.00