

L200000013719

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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g 8/15/2024

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Jupiter Assisted Living, 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:

Bhavin Patel

Name of Person

Athena Ayurveda American Care & Wellness LLC

Firm/Company

520 Palm Springs Blvd, Unit 713 713S

Address

Indian Harbour Beach, FL 32937

City/State and Zip Code

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

For further information concerning this matter, please call:

Bhavin Patel

Name of Person

at (_____) _____

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 Address:

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

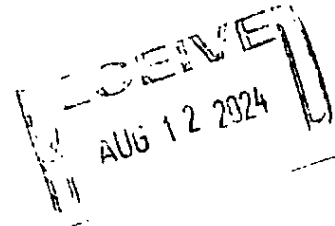


FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 23, 2024

BHAVIN PATEL
520 PALM SPRINGS BLVD.
UNIT 713 713S
INDIAN HARBOUR BEACH, FL 32937

SUBJECT: JUPITER ASSISTED LIVING, LLC
Ref. Number: L20000013719



We have received your document for JUPITER ASSISTED LIVING, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Claretha Golden
Regulatory Specialist II

Letter Number: 424A00016219

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Jupiter Assisted Living, LLC

2024 JUN 12 PM 5:58

(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 1/7/20 and assigned
Florida document number L20000013719.

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)

520 Palm Springs Blvd., Unit 713 713S

Indian Harbour Beach FL 32937

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

520 Palm Springs Blvd. Unit 713 713S

Indian Harbour Beach, FL 32937

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:

Bhavin Patel

New Registered Office Address:

520 Palm Springs Blvd., Unit 713 713S,

Enter Florida street address

Indian Harbour Beach

City

Florida 32937

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>
AMBR	Marie V. Strum	4975 Dixie Hwy NE #503	<input type="checkbox"/> Add
		Palm Bay FL 32905	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Willem J. Sturm	4975 Dixie Hwy NE #503	<input type="checkbox"/> Add
		Palm Bay FL 32905	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Athena Ayurveda American Care &	520 Palm Springs Blvd Unit 713 713S	<input checked="" type="checkbox"/> Add
		Indian Harbour Beach FL 32937	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	AFF International, Inc	4975 Dixie Hwy NE #503	<input type="checkbox"/> Add
		Palm Bay FL 32905	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee