

L20000 128770

(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.

Lakesha Jackson gave authorization
on Sept. 28, 2020, to add her as
AMBR to the articles
ST 9/28/20

Office Use Only



300349504663

08/10/20 10:14:00 AM \$25.00

FILED

2020 AUG 10 PM 5:09

SECRETARY OF STATE
TALLAHASSEE, FL

ST 9/28

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wise Integrity 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:

Lakesha B. Jackson
Name of Person

Firm/Company

14782 SW 171st Ave
Address

Indian Town FL 34956
City/State and Zip Code

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

For further information concerning this matter, please call:

Lakesha B. Jackson at (772) 475-6208
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 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

Wise Integrity Assisted living facility
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2020 AUG 10 PM 5:09

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 05-12-2020 and assigned
Florida document number L20000128770.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Lakesha B Jackson

New Registered Office Address:

14782 SW 171st Ave.

Enter Florida street address

Indian town

City

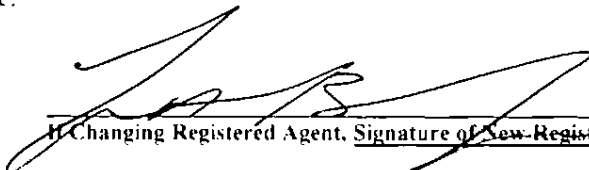
Florida

34956

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	BRIAN M. JACKSON	LAKESHA B JACKSON	<input type="checkbox"/> Add
		BRIAN M JACKSON	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	Tatiana Taylor	LAKESHA B JACKSON	<input type="checkbox"/> Add
		Tatiana Taylor	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LAKESHA B JACKSON	14752 S.W. 175th Court	<input checked="" type="checkbox"/> Add
		Indiantown, FL 34956	<input 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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

Lakesha B Jackson
Typed or printed name of signee