## LZ0000141750

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## **COVER LETTER**

TO:

TO: I	Registration Sec Division of Corp	tion orations		
		CARE ASSISTED LIVING FA	ACILITY LLC	
SUBJEC	T:	Name of Limit	ed Liability Company	
The enclo	osed Articles of A	Amendment and fee(s) are subm	nitted for filing.	
Please re	turn all correspor	ndence concerning this matter t	o the following:	
		CHRISTOPHER BISHOP		
	Name of Person			
		JAZI KIND CARE ASSIST	TED LIVING FACILITY LLC	
		IKIND CARE ASSISTED LIVING FACILITY LLC  Name of Limited Liability Company  cles of Amendment and fee(s) are submitted for filing.  Orrespondence concerning this matter to the following:  CHRISTOPHER BISHOP  Name of Person  JAZI KIND CARE ASSISTED LIVING FACILITY LLC  FirmvCompany  1702 SE RYECROFT COURT  Address  PORT ST LUCIE, FL. 34952  City/State and Zip Code  CHRISCABISHOP@YAHOO.COM  E-mail address: (to be used for future annual report notification)  mation concerning this matter, please call:  BISHOP  Name of Person  2913  \$268024  Area Code  Daytime Telephone Number  cek for the following amount:  ag Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  LAddress:  Registration Section  Division of Corporations  The Centre of Tallahassee		
		1702 SE RYECROFT COL	JRT	
			Address	
		PORT ST LUCIE, FL. 349	Name of Limited Liability Company  and fee(s) are submitted for filing.  terming this matter to the following:  TOPHER BISHOP  Name of Person  ND CARE ASSISTED LIVING FACILITY LLC  Firm/Company  RYECROFT COURT  Address  T LUCIE, FL. 34952  City/State and Zip Code  ABISHOP@YAHOO.COM  E-mail address: (to be used for future annual report notification)  nis matter, please call:  at (1)  Area Code  Daytime Telephone Number  g amount:  Of Filing Fee & Certified Copy (additional copy is enclosed)  Street Address:  Registration Section  Division of Corporations  The Centre of Tallahassee	
			City/State and Zip Code	······································
		E-mail address: (	o be used for future annual report	notification)
For furth	er information co	oncerning this matter, please ca	all:	
CHRIST	TOPHER BISHO	P	, = = ·	
	Name o	f Person	Area Code Da	ytime Telephone Number
Enclosed	d is a check for th	ne following amount:		
<b>≅</b> \$25	.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	Division of C P.O. Box 632	Section Corporations 27	Registration Division of The Centre	Section Corporations of Tallahassee

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JAZI KIND CARE ASSISTED LIVING FA	CILITY LLC	9
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our record a Limited Liability Company)	:
The Articles of Organization for this Limited Liability (	Company were filed on 5/26/2020	and assigned
Florida document number L20000141750	<u></u> .	PH 6:
This amendment is submitted to amend the following:		18
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>	
(Principal office address MUST BE A STREET ADD	RESS)	
	<del> </del>	
Enter new mailing address, if applicable:	<del> </del>	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>enter</u>	the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre:	SS
	<del> </del>	lorida
	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.

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>	Type of Action
PRES.	CHRISTOPHER BISHOP	135 NW. AILEEN ST.	<b>=</b> Add
		PORT SAINT LUCIE, FL 34982	□Remove
VP/SEC.	JENNIFER WONG	135 NW. AILEEN ST.	■Add
		PORT SAINT LUCIE, FL 34982	□Remove
			☐ Change
			□Add
			□Remove
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Effective date, if other than (If an effective date is listed, the date	n the date of fi	ling:	or to data of tiling	or more than 90 days	optional)	605 0207 (
Note: If the date inserted in the document's effective date on the	his block does no	ot meet the appl	icable statutory (	iling requirements	s, this date will not be	listed as t
ne record specifies a delayed ef ord is filed.	fective date, but	not an effective	time, at 12:01 a	m. on the earlier o	of: (b) The 90th day a	ifter the
Dated JULY 13		2020				
2/1	0 1. 0					
	151			ative of a member		

Typed or printed name of signee