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COVER LETTER

Division of Corporations
Name of Limited Liability Company
enclosed Articles of Amendment and fee(s) are submitted for filing.
se return all correspondence concerning this matter to the following:
NIRCHA DORCELY Name of Person
HEAVEN SENT ASSISTED LIVING, 40
901 ASPEN ROAD Address
WEST PALM BEACH F1 33469 USA City/State and Zip Code HEAVENSENTASSISTED LIVING D GMAIL COM E-mail address: (to be used for future annual report notification)
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Viriable Dorcely at (561) 713 - 0881 Name of Person Area Code Daytime Telephone Number
osed is a check for the following amount: \$25.00 Filing Fee \$\Bigsim \text{\$55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \$\Bigsim \text{\$60.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\Bigsim \text{\$60.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\Bigsim \text{\$60.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\Bigsim \text{\$60.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\Bigsim \text{\$60.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\Bigsim \text{\$60.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\Bigsim \text{\$60.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\Bigsim \text{\$60.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\Bigsim \text{\$60.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\Bigsim \text{\$60.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\Bigsim \text{\$60.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\Bigsim \text{\$60.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\Bigsim \text{\$60.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\Bigsim \text{\$60.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\Bigsim \text{\$60.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\Bigsim \text{\$60.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\Bigsim \text{\$60.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\Bigsim \text{\$60.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\Bigsim \text{\$60.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\Bigsim \text{\$60.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\Bigsim \text{\$60.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\Bigsim \text{\$60.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\Bigsim \$60.00 Filing Fee & Certified Copy (additional copy is enclo

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Registration Section

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

HEAVEN SE he Articles of Organization for this Limited Liability Company were filed on <u>June 15, 2020</u> and assigned lorida document number <u>20000163663</u> his amendment is submitted to amend the following: . If amending name, enter the new name of the limited liability company here: nter new principal offices address, if applicable: Principal office addres<u>s MUST BE A STREET ADDRESS)</u> nter new mailing address, if applicable: <u> Iailing address MAY BE A POST OFFICE BOX)</u> . If amending the registered agent and/or registered office address on our records, enter the name of the new registered ent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

w Registered Agent's Signature, if changing Registered Agent:

tereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability mpany has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

f amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>r removed from our records</u>:

IGR = Manager .MBR = Authorized Member

<u>`itle</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>1GR</u>	PATRICK GERVIllE	901 ASPEN Rd WPB FZ 332	4E9 Exad
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