L20000164342

(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:

Complete application

Office Use Only

000353337800

10/19/20--01011--022 **35.00

20 DEC 16 PM 4:28

Amend/Name Change

JAN 07 2021

D CUSHING

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Lake Minneola Senior Assistant Living Facility
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:

Alvin Lewis
Name of Person

Lake Minneola Senior Assistant Living Facility
Firm/Company

163 Pitts Street, ~~Minn Clermont, FL 34711~~
Address

Clermont, FL 34711
City/State and Zip Code

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

For further information concerning this matter, please call:

Alvin Lewis at (954) 756-2270
Name of Person Area Code Daytime Telephone Number

2010 DEC 16 PM 4:28

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

November 17, 2020

ALVIN LEWIS
LAKE MINNEOLA SENIOR ASSISTANT LIVING FA
163 PITTS STREET
CLERMONT, FL 34711

SUBJECT: LAKE MINNEOLA SENIOR ASSISTANT LIVING FACILITY LLC
Ref. Number: L20000164342

We have received your document for LAKE MINNEOLA SENIOR ASSISTANT LIVING FACILITY LLC and your check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must submit the complete application. You are missing the last page of the aplication with the proper signature.

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.

Diane Cushing
Senior Section Administrator

Letter Number: 220A00023134

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

20 DEC 16 PM 4:28

Lake Minneola Senior Assistant Living Facility LLC
(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 October 7th 2020 and assigned Florida document number L20000164342.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

~~N/A~~ Lake Minneola Senior Living LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: N/A

(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: N/A

New Registered Office Address: _____
Enter Florida street address

_____, **Florida** _____
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

Title	Name	Address	Type of Action
MGR	Lewis, Brittney D	912 Bristle Cone Ct.	☐ Add
		Minneola, FL 34715	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated December 11th, 2020.

Alvin Lewis

Signature of a member or authorized representative of a member

Alvin Lewis

Typed or printed name of signee

Filing Fee: $25.00