## L20000164342

(Requestor's Name)	
(Address)	00035333
(Address)	
(City/State/Zip/Phone #)	
(Business Entity Name)	19/19/2881911
(Document Number)	
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## **COVER LETTER**

Registration Section

Division of Corporations

TO:

SUBJECT: Lake N	linneola Senior Name of Limi	Assistant Living Fo	rulity		
The enclosed Articles of Ame	endment and fec(s) are sub-	mitted for filing.			
Please return all corresponder	nce concerning this matter	to the following:			
-		Name of Person			
-	lake	Minnes & States	Assistant Living	Faci	lity
L	63 Pills Street	1, Minn Clerment	F1_34711		
		City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code		20 DEC 16	:
For further information conce	rning this matter, please ea	all:		72	اد
Alvia Lews Name of Per	son	at (954) 756 - Area Code Days	-2270 ime Telephone Number	PN 4: 28	31.15
Enclosed is a check for the fo	llowing 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 State Certified Copy (additional copy is enc		
Mailing Address: Registration Sect Division of Corp P.O. Box 6327 Tallahassee, FL.	orations	Street Address: Registration S Division of C The Centre of 2415 N. Mon	orporations		

Tallahassee, FL 32303



7791 - 1110:10

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.

Letter Number: 220A00023134

Diane Cushing Senior Section Administrator

www.sunbiz.org

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.

The Articles of Organization for this Limited Liability Companies  Florida document number <u>L. 2000164342</u> .  This amendment is submitted to amend the following:	Ssistant Living Facility  Sany as it now appears on our records.)  (Liability Company)	ur B
The Articles of Organization for this Limited Liability Compan	y were filed on October 7th 2	070 and assigned
Florida document number <u>L 20000164342</u> .		28
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lial	bility Company the designation "L1.C" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NA	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	NA	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the na	me of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
<u></u>	, 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Lewis, Brittney D	912 Bristle Cone Ct.	□Add
	9	912 Bristle Cone Ct. Minneola, FL 34715	XRemove
			Change
			□Add
			🗆 Remove
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n effective date is te: If the date i	nserted in this block doc	rific and cannot be priors is not meet the applic	r to date of filing or mo cable statutory filing	(option ore than 90 days after fil g requirements, this d	<b>al)</b> ing.) Pursuant to 605.0207 ( ate will not be listed as th
	ve date on the Departme			u v cas	The code of the code
ecord specifies a is filed.	delayed effective date.	out not an effective t	ime, at 12:01 a.m. c	on the earlier of: (b)	The 90th day after the
ted <u>Dece</u>	nber 11th	, 202C re of a member or auth		of a manufac	
			led name of signee	or a member	