

L20 000 164342

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

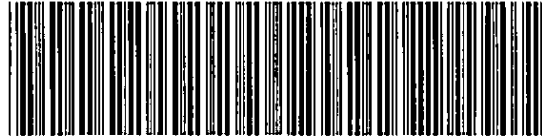
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Complete application

Office Use Only



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10/19/20--01011--023 **25.00

20 DEC 16 PM 4:28

CLERK OF SUPERIOR COURT

Amend/ Name Change

JAN 01 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

Name of Person

at (954)

Area Code

756-2270

Daytime Telephone Number

20 DEC 16 PM 4: 28

FILE
TOP

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

2020 11 17 10:10

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 application 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**

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)

20 DEC 16 PM 4:28
REGISTRATION

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 "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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

City

Florida

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

(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.

December 1, 2020



Signature of a member or authorized representative of a member

Alvin Lewis
Typed or printed name of signee

Typed or printed name of signee