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(Requ	estor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	

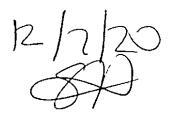
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FILED 2020 OCT 29 PM 5: 24



COVER LETTER

Division of Corporations
SUBJECT: Hearts of Gold Assisted Living Faulity UC 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:
Davon MCNaiv Name of Person
Hearts of Gold Assisted Living Facility Firm/Company
12220 SW 187th TER Address
Mi Gmi Fl 33177 City/State and Zip Code
Freedom Joung 940 you how. com E-mail address: (to be used for future arrhual report notification)
For further information concerning this matter, please call:
Davon McNair at (186) 788 3508 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Street Address: Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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

Heavis OF Gold ASSISTED Cluma 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 w	vere filed on 8 24	2020 and assigned
Florida document number 12000261626	, , , , , , , , , , , , , , , , , , ,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2011
(Principal office address MUST BE A STREET ADDRESS)		8 1
		: 뭐 그
Enter new mailing address, if applicable:		ं ग ्
(Mailing address MAY BE A POST OFFICE BOX)		. 2
B. If amending the registered agent and/or registered office adapted and/or the new registered office address here:	ldress on our records, <u>ent</u>	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	
	City	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, covided for in Chapter 60.	and I am familiar with and 5, F.S. Or, if this document is

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 a or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AP	Elizabeth Warren	12220 SW 187 Kr miami FL 3	3177
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			□Add
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fective date, if other that on effective date is listed, the dote: If the date inserted in occument's effective date or	date must be specific and ca this block does not mee	nnot be prior to date of t the applicable state	filing or more than 90 days	optional) after filing.) Pursuant to 605.02 this date will not be listed
ecord specifies a delayed of is filed.	effective date, but not an	effective time, at 12	2:01 a.m. on the earlier o	f: (b) The 90th day after th
ned October	14,	2020.		
	-> 7	25		
			1	
1	Signature of a mer	mber or authorized rep	resentative of a member	