

L20000360510

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

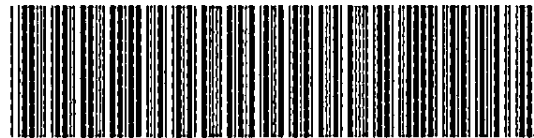
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MAY 26 2022

5/16/22

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FILED  
MAY 16 AM 9:40  
SECRETARY OF STATE  
TALLAHASSEE, FL



RECEIVED

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2022 MAY 16 PM 2:14

COMMUNICATIONS SECTION  
TALLAHASSEE, FL

March 21, 2022

HEATHER MEAD  
2339 HOOPLE ST  
FORT MYERS, FL 33901

SUBJECT: FORT MYERS ASSISTED LIVING LLC  
Ref. Number: L20000360510

We have received your document and check(s) totaling (\$52,507. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s). All pages must be returned in order to file the document.

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.

Querida R Silas  
Regulatory Specialist II

Letter Number: 722A00006579

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Fort Myers Assisted Living LLC  
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:

Heather Mead  
Name of Person

\_\_\_\_\_  
Firm/Company

3259 Peace River Dr  
Address

Punta Gorda FL 33983  
City/State and Zip Code

heather.mead@comcast.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Heather Mead at (239) 233 3212  
Name of Person Area Code Daytime Telephone Number

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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

Fort Myers Assisted Living LLC

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

MAY 16 AM 9:42

SECRETARY OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 11/13/2020 and assigned  
Florida document number h20000360510.

This amendment is submitted to amend the following:

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

Fort Myers Independent 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

same  
no change

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

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:

same no change

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

Item	Change	Item	Change
	<input type="checkbox"/> Add		<input type="checkbox"/> Add
	<input type="checkbox"/> Remove		<input type="checkbox"/> Remove
	<input type="checkbox"/> Change		<input type="checkbox"/> Change
	<input type="checkbox"/> Add		<input type="checkbox"/> Add
	<input type="checkbox"/> Remove		<input type="checkbox"/> Remove
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	<input type="checkbox"/> Remove		<input type="checkbox"/> Remove
	<input type="checkbox"/> Change		<input type="checkbox"/> Change
	<input type="checkbox"/> Add		<input type="checkbox"/> Add
	<input type="checkbox"/> Remove		<input type="checkbox"/> Remove
	<input type="checkbox"/> Change		<input type="checkbox"/> Change

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

Just Changing name

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.

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 document is filed.

dated 5-1-2022  
Heather Mead (mgmbe)  
Signature of a member or authorized representative of a member  
Heather Mead  
Typed or printed name of signee