

120 000 389569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

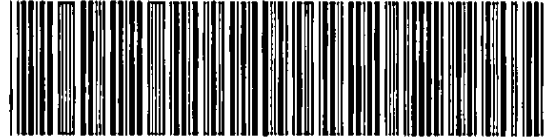
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FL

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D BRUCE
SEP 14 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Villa Palms 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:

Abhishek Shrivastava

Name of Person

Villa Palms Assisted Living LLC

Firm/Company

2645 Executive Park Dr Suite 505

Address

Weston FL 33331

City/State and Zip Code

amicablewings@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Abhishek Shrivastava

954

9931314

at ()

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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

VILLA PALM ASSISTED LIVING 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 _____ and assigned
Florida document number 1.20000389569

This amendment is submitted to amend the following:

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

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)

6722 WINKLER RD

FORT MYERS, FL 33919

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2645 EXECUTIVE PARK DR SUITE 505

WESTON FL 33331

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:

New Registered Office Address:

Enter Florida street address

Florida

City

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TALLAHASSEE, FL
CLERK OF CIRCUIT COURT

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.

Abhishek Shrivastava

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>	<u>Type of Action</u>
AMGR	Abhishek Shrivastava	2645 EXECUTIVE PARK DR #505	<input type="checkbox"/> Add
		Weston FL 33331	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMGR	Ajay Bajaj	4 REID AVE	<input type="checkbox"/> Add
		BELLE MEAD, NJ 08502	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
	NobleStrides Capital Ventures, LLC	2645 EXECUTIVE PARK DR #505	<input type="checkbox"/> Add
		Weston FL 33331	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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CLERK OF SUPERIOR COURT
TALLAHASSEE, FL

E. Effective date, if other than the date of filing: 01/01/2021 (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 Aug 24 2021

Abhishek Shrivastava

Signature of a member or authorized representative of a member

Abhishek Shrivastava

Typed or printed name of signer

Filing Fee: \$25.00