

**LZ1 000043928**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

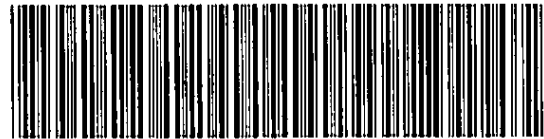
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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D. BRUCE  
JUN 04 2021

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Petunia Place Assisted Living Facility 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:

Bonnie Shild

\_\_\_\_\_  
Name of Person

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

2619 SE Emmett Road

\_\_\_\_\_  
Address

Port Saint Lucie, Florida 34952

\_\_\_\_\_  
City/State and Zip Code

bonbon216@aol.com

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

For further information concerning this matter, please call:

Bonnie Shild

772 201-0677

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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TALLAHASSEE  
FILING

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

Punia Place Assisted Living 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 were filed on 01/22/2021 and assigned  
Florida document number L21000043928.

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 "LLC."

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

1198 SE Petunia Avenue

Port Saint Lucie Florida 34952

**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:

Candis Jones Taylor

New Registered Office Address:

1198 SE Petunia Ave

Enter Florida street address

Port St Lucie

City

Florida

34952

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.*

Candis Jones Taylor  
**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>
✓ MGR	Candis Jones Taylor	2160 Cordova Ave., Vero Beach, Florida 32960-4121	<input checked="" type="checkbox"/> Add
✓ AMBR			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Bonnie Shield	2619 SE Emmett Rd	<input type="checkbox"/> Add
		PSL, Fla 34952	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Bonnie SHILD	2619 SE Emmett Rd	<input type="checkbox"/> Add
		PSL, Fla 34952	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2021 APR 19 AM 7:11  
TALAMAS, JIM

2021 APR 19 AM 7:12  
TALLAHASSEE, FL

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2021 APR 19 AM 7:12

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**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.

Dated March 17, 2021

Bonnie Shild CANDIS Jones Taylor  
Typed or printed name of signee