## 121000130648

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## **COVER LETTER**

Registration Section

TO:

Division of Corp	porations		
	fSWFL		
SUBJECT:	Name of Limi	ted Liability Company	
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			
Please return all correspo	ndence concerning this matter	to the following:	
	Rachel Faramo		
		Name of Person	
		Firm/Company	
	3888 Parkview Ln		
		Address	
	Naples, FL 34103		
		City/State and Zip Code	
		to be used for future annual report not	(fication)
			meanon)
For further information c	oncerning this matter, please c	all:	
Rachel Faramo		at ( )	
Name o	f Person	Area Code Daytim	ne Telephone Number
Enclosed is a check for the	he following amount:		
	☐ \$30.00 Filing Fee &	Certified Copy	Certificate of Status &
	<i>);</i>		
Registration 8 Division of O P.O. Box 632	Section Corporations 27	Registration Se Division of Co The Centre of	rporations Fallahassee oe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Glenview of SWFL, LLC			
(Name of the Limi	ted Liability Compa (A Florida Limited	iny as it now appears on our rec Liability Company)	ords.)
The Articles of Organization for this Limited L	iability Company	were filed on 3/19/2021	and assigned
lorida document number L21000130648			
his amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name of	f the limited liab	ollity company here:	
he new name must be distinguishable and contain the	vords "Limited Liabi	lity Company," the designation "l	LLC" or the abbreviation "L.L.C."
inter new principal offices address, if applic	cable:	3888 Parkview Ln	
Principal office address MUST BE A STREET ADDRESS)		Naples, Fl. 34103	
Enter new mailing address, if applicable:		3888 Parkview Ln	·
Mailing address MAY BE A POST OFFICE	BOX)	Naples, FL 34103	
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our records, <u>en</u>	ter the name of the new registe
Name of New Registered Agent:	<del></del>		
New Registered Office Address:	3888 Parkview	Ln	
		Enter Florida street ad	dress
	Naples		, Florida <u>34103</u>
		Cîtv ,	Ziv 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 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	
AMRR =	Authorized Member	

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□A <b>d</b> d
			□Remove
			□Change
			□Add
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