

K21 000215396

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

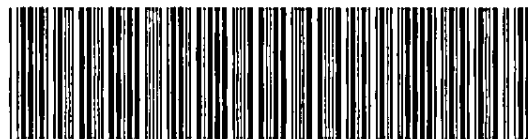
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21 OCT -4 PM 3:09

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SUNNY VISTA 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:

ALBERTO CASTRO GALVAN

Name of Person

Firm/Company

9552 PEBBLE GLEN AVENUE

Address

TAMPA, FL 33647

City/State and Zip Code

sunnyvistaalf@gmail.com

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

For further information concerning this matter, please call:

ALBERTO CASTRO GALVAN

Name of Person

813 675-7036
at ()

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
|--|--|--|--|

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee

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

21 OCT -4 PM 3: 09

SUNNY VISTA 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 MAY 10, 2021 and assigned
Florida document number L21000215396.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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 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.

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

21 OCT -4 PM 3:09

AMENDING ARTICLE IV, TO CHANGE TITLE OF PARTNERS

JESUS LOPEZ ACOSTA. CHANGE TITLE FROM P. TO AMBR.

ALBERTO CASTRO GALVAN. CHANGE TITLE FROM VP, TO MGR

E. 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.

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 JUNE 27TH, 2021

Signature of a member or authorized representative of a member

ALBERTO CASTRO GALVAN

Typed or printed name of signer

To Wit :

Agreement of Contract , whereas, Alberto Castro Galvan, and Jesus Lopez Acosta, heretofore known as Manager, and Active Member respectively, of a new Limited Liability Corporation they have recently registered with the Secretary of State, of the State of Florida Division of Corporations, with assigned Document Number L21000215396, and secured with the Internal Revenue Service with Employer Identification Number 87-1235521; and located at: 8112 North 9th Street, in Tampa, Florida, 33604; hereby agree, and attest they are equal owners of the Assets, and Liabilities of the above depicted entity, on a 50 % each basis, and share Profits, as well as Losses; on that basis.

To which they understand, and accept the responsibilities carried with such endeavor, both personally, and legally, and shall secure both Legal, and Accounting counsel to achieve those goals.

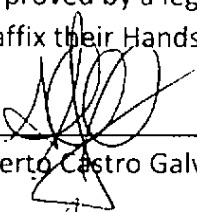
And to this effect, they both appeared before a legally Commissioned Notary Public for the State of Florida, to affix their Hands, and Seals on this 22nd day of July of the Year of Our Lord 2021.

State of Florida,
County of Hillsborough;

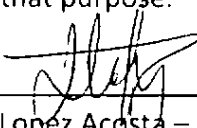


Ana Campos
NOTARY PUBLIC
STATE OF FLORIDA
Comm# GG237616
Expires 7/11/2022

Before me appeared the persons above depicted, who say they are the persons they claim to be, proved by a legally issued Florida Driver's Licenses for each, and stating their intentions, and to affix their Hands, and Seals on this document for that purpose.



Alberto Castro Galvan – MGR



Jesus Lopez Acosta – Ambr



Notary Public

My Commission Expires On: 07/11/2022