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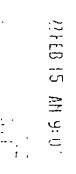
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COVER LETTER

то:	Registrati Division o				
C110 1C7	699 A	Assisted	Living, LLC		
SUBJEA	J1;		Name of Lim	ited Liability Company	
The encl	osed Artic	les of A	mendment and fee(s) are sub	mitted for filing.	
Please re	eturn all co	rrespond	lence concerning this matter	to the following:	
			Ian Kallenbach		
				Name of Person	
			699 Assisted Living, LLC		
				Firm/Company	
			699 N Dixie Fwy		
				Address	
			New Smyrna Beach, FL 32	168	
				City/State and Zip Code	
			ian.katlenbach@gmail.com		
				o he used for future annual report notificati	ion)
For furth	ier informa	ation cor	cerning this matter, please ea	all:	
lan Kall	enbach			719 238-5246	
	N	Name of f	Person	at ()	Icphone Number
Enclosed	d is a check	k for the	following amount:		
■ \$25	.00 Filing I	Fce	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing A Registra		etion	Street Address: Registration Section	ın
	_		rporations	Division of Corpor	
	P.O. Box		222.4	The Centre of Talla	
	Tallahas	ssee, Fl	. 32314	2415 N. Monroe St	treet, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

₩ 22 FEB 15 AM 9: 0:

699 Assisted Living, LLC	•	• • -
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our d d Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Compa	ny were filed on 07/28/2021	and assigned
Torida document number L21000341728		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
The new name must be distinguishable and contain the words "Limited Lie	ibility 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)	· · ·	
	•	<u>, , , , , , , , , , , , , , , , , , , </u>
B. If amending the registered agent and/or registered offic	e address on our records, (enter the name of the new registe
gent and/or the new registered office address here:	, <u>.</u>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
	£21	, Florida Zip Code
	City	Zsp 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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Joe Germain	699 N Dixie Fwy	
		New Smyrna Beach, FL 32168	■Remove
			□Change
			□Add
			□Remove
			□Add
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	st be specific and cannot be prior to	o date of filing or more than 90 day	s after filing.) Pursuant to 605.0207 (
an effective date is listed, the date mus	lock does not meet the applical	ble statutory filing requiremen	ts, this date will not be listed as t
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an effective date is listed, the date must be solved: If the date inserted in this blocument's effective date on the D	Department of State's records,		
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