

h21000489136

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

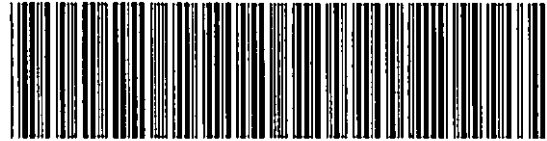
Certificates of Status \_\_\_\_\_

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2022 JAN 21 PM 1:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LLC  
N/C

JAN 27 2022

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**RECEIVED**

**2022 JAN 21 AM 8:59**

FLORIDA DEPARTMENT OF STATE

Division of Corporations

SECRETARY OF STATE  
TALLAHASSEE, FL

January 7, 2022

GEORGIA FORREST  
548 CANARY ISLAND CT  
ORLANDO, FL 32828

SUBJECT: FORGET ME NOT LIVING ASSISTED LLC -  
Ref. Number: L21000489136

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at [www.sunbiz.org](http://www.sunbiz.org).

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

I.P.A ASSISTED LIVING LLC L14000128318

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas  
Regulatory Specialist II

Letter Number: 422A00000572

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Forget me not Living Assisted 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:

Georgia Forrest  
Name of Person

Firm/Company

548 Canary Island Ct  
Address

Orlando FL 32828  
City/State and Zip Code

georgia-forrest03@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Georgia Forrest  
Name of Person

at (347)  
Area Code

884-2109  
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)

Sent already

**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

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

Forget Me Not Living ASSisted 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 NOV 15, 2021 and assigned  
Florida document number L21000489136

This amendment is submitted to amend the following:

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

Forget Me Not ASSisted Living LLC  
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)

2825 Waldens pond Cove  
Longwood FL 32779

**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

SECRETARY OF STATE  
JAN 21 PM 1:03  
TALLAHASSEE, FLORIDA

FILED

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.*

**If Changing Registered Agent, Signature of New Registered Agent**



[illegible]

(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)

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.

Georgia Forrest

**Filing Fee: \$25.00**