

L220000860828

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

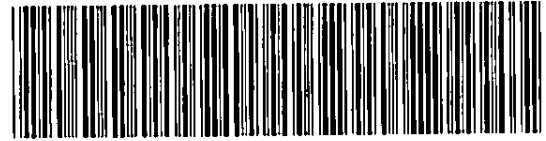
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer

J. HORNE  
MAY 15 2024

Office Use Only



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FILED  
2024 MAY 14 PM 3:34  
TALLAHASSEE, FLORIDA

RECEIVED  
2024 MAY 14 PM 3:34  
TALLAHASSEE, FLORIDA



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext:

To: Department Of State, Division Of Corporations  
From: Shauna Godbolt  
Ext:  
Date: 05/14/24  
Order #: 1505579-4  
Re: Fountain Life Orlando LLC  
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: ~~\$55.0~~ - FL State Account Number:  
I20000000195  
AUTH

A handwritten signature in black ink, appearing to read 'Shauna Godbolt', is written over the text of the enclosed amount and account number.

Please take the following action:  
File in your office on basis  
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

# COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Fountain Life Orlando 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:

Jeffrey J. Norton

DocuSigned by: Name of Person

Jeffrey Norton  
8B47637E94A9408

Firm/Company

13495 Veterans Way, Suite 330

Address

Orlando, FL 32827

City/State and Zip Code

jeffrey.norton@fountainlife.com

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

For further information concerning this matter, please call:

Jeffrey J. Norton at (239) 207-1307  
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

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

FILED  
2024 MAY 14 PM 3:34  
STATE

Fountain Life Orlando 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 1/28/2022 and assigned Florida document number L22000086828.

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:**

6424 Alexandra Louise Drive, Suite 120

**(Principal office address MUST BE A STREET ADDRESS)**

Orlando, FL 32827

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

13495 Veterans Way, Suite 330

**(Mailing address MAY BE A POST OFFICE BOX)**

Orlando, FL 32827

**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:

Corporation Service Company

New Registered Office Address:

1201 Hays Street

*Enter Florida street address*

Tallahassee

Florida 32301

*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.*

*Shauna Godbolt*

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	William K. Kapp, III	9132 Strada Place, Suite 200	<input type="checkbox"/> Add
		Naples, FL 34018	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Fountain Life Services, LLC	13495 Veterans Way, Suite 330	<input checked="" type="checkbox"/> Add
		Orlando, FL 32827	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

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 5/10/2024

DocuSigned by: Jeffrey Norton

8B47637E94A94D8 ..

Signature of a member or authorized representative of a member

Jeffrey J. Norton

Typed or printed name of signee

CSC AMEND-12711