## 122000125041

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## **COVER LETTER**

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041p + 2 000	_	uished Senior LLC	•	•	
SUBJECT:	<del></del>		ited Liability Company	·	
The enclosed	d Anicles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Oba Faruq		(7	20
			Name of Person		2022 APR 19 PH 12: 5
			Firm/Company		19 F
		186 NE 150th		( ") ( ) ( )	
			Address	<u> </u>	
		Miami FL, 33161			
		obafaruq143@gmail.com	City/State and Zip Code		
		E-mail address: (	to be used for future annual report noti	fication)	
For further in	nformation co	oncerning this matter, please co	all:		
Oba Faruq			305 741-9066 at ( )		
	Name of	Person	Area Code Daytim	e Telephone Number	-
Enclosed is a	check for th	e following amount:			
□ \$25.00 F	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fe Certificate of \$1 Certified Copy (additional copy is	atus &
	iling Address	_	Street Address:		
	gistration S vision of Co	ection orporations	Registration Sec Division of Cor		
	). Box 632		The Centre of T	-	
	lahassee F			e Street Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

5757 S757 S757

The Distinguished Senior LLC		구현 및
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	500 0 mm
The Articles of Organization for this Limited Liability Company	were filed on March 11,2022	and assigned,
Florida document number L22000125041		- 2 <u>- 5</u>
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Regal Seniors LLC		<u>.</u>
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	186 NE 150th Street Miami FL.331	61
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	PO BOX 398171 Miami FL,33239	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	
	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.

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
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			Remove
			□ Change
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Effective date, if oth fan effective date is liste Note: If the date inserdocument's effective of	d, the date must be spec rted in this block doe	cific and cannot be pri es not meet the app	ior to date of filing or licable statutory fil	more than 90 days a	<b>ptional)</b> after filing.) Pursuant t this date will not b	o 605.020° e listed as
record specifies a del d is filed.	layed effective date.	but not an effective	e time, at 12:01 a.m	on the earlier of	: (b) The 90th day	after the
Pated April 11		2022	·			
		11 U 1				
	Signatu	ire of a member or au	thorized representati	ve of a member		_