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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Prime Assisted Living LCC 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:
Rictaria Hightoner
Prime Assisted Living, LLC
903 Beckett Street
Clearwater Florida 33755 City/State and Zip Code
rictaria - hightouer a vahoo · Com E-mail address (to be used for future annual report notification)
For further information concerning this matter, please call:
Rictaria Hightoucr at 727, 492-8088 Name of Person at 727 Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

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Prime Assisted Liv (Name of the Limited Liability Con (A Florida Limit	SECRETARY OF STATE INC. LC SECRETARY OF STATE INC. Labellity Company SECRETARY OF STATE TALLAHASSEE, FL
The Articles of Organization for this Limited Liability Comparing Horida document number 122880137182.	any were filed on $3/21/2022$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li Rictaria Highwer LLC The new name must be distinguishable and contain the words "Limited Li	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	903 Beckett Street Clearwater, Fl 33755
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	903 Beckett Street Clearwater, F1 33755
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	ce address on our records, enter the name of the new registered
Name of New Registered Agent: New Registered Office Address: One of New Registered Office Address:	tavia Hightower Beckett Street Enter Florida street address
Clea	Water Florida Sireel duaress Water Florida S3755 City Zip Code
You Designated Agent's Signature if changing Designard Age	nt.

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

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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Dated	<i>(</i>)						
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Filing Fee: \$25.00