## KZZ 000146916

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	(Address)
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(	(City/State/Zip/Phone #)
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DIVISION OF CORPORATIONS
22 APR 18 AM 9: 47

T. MATTHEWS MAY 20 2022

## **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

TORIA'S ASSISTED LIVING FACILITY II. LLC SUBJECT: 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: Rory B. Weiner, Esq. Name of Person Rory B. Weiner, P.A. Firm/Company 635 W. Lumsden Rd. Address Brandon, FL 33511 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Rory B. Weiner Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$30.00 Filing Fee & ☐ \$60.00 Filing Fee, ■ \$25.00 Filing Fee ☐ \$55.00 Filing Fee & Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address:** Street Address: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO FILED ARTICLES OF ORGANIZATIONS OF CORPORATIONS OF

22 APR 18 AM 9: 47

If Changing Registered Agent, Signature of New Registered Agent

Toria's Assisted Living Facility II, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	vere filed on March 25, 2022	and assigned
Florida document number <u>L22000146916</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or t	ne 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)		
agent and/or the new registered office address here:		
Name of New Registered Agent:	Enter Florida street address	
Name of New Registered Agent:  New Registered Office Address:		
Name of New Registered Agent:	Enter Florida street address	

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>	Type of Action
MGR	Rory Weiner, PA	11013 Hannaway Drive	
		Riverview, FL 33578	Remove
			□Change
MGR	Toria's Support Care Services, Inc.	11013 Hannaway Drive	■Add
		Riverview, FL 33578	□Remove
			🖺 Change
	<del></del>		Dadd
		,	🗀 Remove
			□Change
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reffective date is listed te:   If the date insert	er than the date of f I, the date must be specifi ted in this block does t ate on the Department	ic and cannot be prion not meet the appli-	r to date of filing or me cable statutory filing	re than 90 days after	filing.) Pursuant to 605	
s filed.	ayed effective date, bu			n the earlier of: (b	) The 90th day after	r the
An.	/13	<u> 201</u>	2			
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Filing Fee: \$25.00