# 122000303591

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### **COVER LETTER**

TO: Registration Sec Division of Cor		·	•
SUBJECT: Aliviya	Rose Manor LLC		
SUBJECT:	<del></del>	ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Alyssa Schabil	ion	
		Name of Person	
	Aliviya Rose M		
		Firm/Company	2
	14180 Amero L	ane	2022 DEC 15
		Address	
	Spring Hill, FL	34609	Cn Cn
	·····	City/State and Zip Code	,
	office@aliviyaro		cation) 1 7 7 7
	E-mail address: (	to be used for future annual report notifi	cation)
For further information co	oncerning this matter, please ca	all:	
Terrance Scha	abilion	<sub>at (</sub> 262_ <sub>)</sub> 721-476	5
Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e 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 Addres		Street Address:	
Registration S Division of C		Registration Sec Division of Corp	
P.O. Box 632	•	The Centre of Ta	
Tallabassee 1			Street Suite 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Aliviya Rose Manor LLC		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000303591</u>	and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	75. C	
Enter new principal offices address, if applicable:	14180 Amero Lane	the abbreviation "L.L.C.
(Principal office address MUST BE A STREET ADDRESS)	Spring Hill, FL 34609	
Enter new mailing address, if applicable:	14180 Amero Lane	2022 DEC
(Mailing address MAY BE A POST OFFICE BOX)	Spring Hill, FL 34609	J 5
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:	<u> </u>	1:: 10
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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manage	·r		
AMBR = Author	ized Alember		

<u>Title</u>	Name	<u>Address</u>	Type of Action
			□Add
			Remove
			Change
			[]Add
			□Remove
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			Add 22 PRemove 7
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Filing Fee: \$25.00