## Eloxida Department of State on of Corporation

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000375402 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COHEN, NORRIS, WOLMER, RAY, TELEPMAN & COHEN

Account Number : I20020000140

: (561)844-3600

Fax Number

; (561)842-4104

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: KOB Cohen Norris . Com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE BRIGHT LIFE OF THE PALM BEACHES, LLC

Certificate of Status	0
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S. ROZERTS

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## HOCHAIGH ERVEIOPE ID: DB300A4D-DD 10-4D0 1-00FG-107/0300 1D700 COVER LETTER

TO:	Registration S Division of Co			
a		HT LIFE OF TEH PALM BEA	ACHES, LLC	
SUBJE	UI:	Name of Lim	ited Liability Company	
The enc	losed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all corresp	ondence concerning this matter	to the following:	
		Gregory R. Cohen, Esq.		
		<del></del>	Name of Person	
		Cohen Norris Wolmer Ray	Telepman Berkowitz Cohen	
			Firm/Company	<del></del>
		712 U.S. Highway One, St	iite 400	
			Address	
		North Palm Beach, FL 334	08	
		KD@COHENNORRIS.CO	City/State and Zip Code M	·
		-	to be used for future annual report noti	fication)
For furt	her information	concerning this matter, please e	ali:	
Karin D	rakas		56! 844-3600 at ()	
	Name	of Person	Area Code Daytim	e Telephone Number
Enclose	d is a check for	the following amount:		
<b>■ \$2</b> 5	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Fallahassee e Street, Suite 810

company has been notified in writing of this change.

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our record: liability Company)	)
The Articles of Organization for this Limited Liability Company  Florida document number L22000519741  This amendment is submitted to amend the following:	were filed on 12/12/2022	and assigned
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Linbil	ity Company," the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Trincipal office dualess MOST IL MANDES MODICESS		
		:
Outro and the address if applicables		·
Enter new mailing address, if applicable:		,
(Mailing address MAY BE A POST OFFICE BOX)		27
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>enter</u>	the name of the new registe
New Registered Office Address:		
	Enter Florida street addres.	ī
		orida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, an provided for in Chapter 603, i	d I am familiar with and F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

10-27-23 01:51am From-

T-701 P.04/05 F-652

if amending Authorized rerson(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
MGR	Mary Ellen Michael-Fleming	712 U.S. Highway Onc, Suite 400	□Add
		North Palm Beach, FL 33408	= Remove
			□ Add
			□ Remove
			Change
			🖸 Add
			□Remove
			Change
		-44 sr	□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			⊡Remove
			□ Change

Fective date, if other than the date of filing:	tional) er filing.) Pursuant to 605.0
	<u> </u>

Filing Fee: \$25.00