## 000078503

(Requestor's Name)
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A. RIVERS JUN - 4 2023

## **COVER LETTER**

Divi	ision of Corp	orations			
SUBJECT:	AHS SR 576	, LLC			
SOBJECT.		Name of Lin	nited Liability Company		<del></del>
The enclosed	Articles of A	amendment and fee(s) are sub	omitted for filing.		
Please return	all correspon	dence concerning this matter	to the following:		
		Anne Compton			
			Name of Person		
			Firm/Company		
		500 N. 77th Ave			
			Address		
		Pensacola, FL 32506			
		acomp@acehandymanservi	City/State and Zip Code		
			to be used for future annual re	port notification	)
For further in	formation co	ncerning this matter, please c	all:		
Anne Compt	on			9977	
Name of Person		at () Area Code	Daytime Telepl	hone Number	
Enclosed is a	check for the	following amount:			
≅ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy tadditional copy is enclo		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mail	linu Addrocco		Sausat Ada	· ·	

TO:

**Registration Section** 

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

AHS SR 576. LLC	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on February 13, 2023  Florida document number L23000078503	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
Live Oak 576, LLC	
The new name must be distinguishable and contain the words "Limited Liability 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)	
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered office address on our records, enter the na	me of the new register
agent and/or the new registered office address here:	
Name of New Registered Agent:	2023
New Registered Office Address:	APR II
Enter Florida street address , Florida	9 A
City , 1 1011da	5 Zip Code
New Registered Agent's Signature, if changing Registered Agent:	- 25 <b>- 2</b>

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>	Name	Address	Type of Action
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Filing Fee: \$25.00