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(F	Requestor's Name)	
(/	Address)	
	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
([Document Number)	
Certified Copies	Certificates of	Status
Special Instructions t	o Filing Officer:	
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Office Use Only



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COVER LETTER

TO:

Registration Section

Division of Corp	orations		•
SUBJECT: The	DESANSES Nume of Limi	HOUSE of A	ssisted iving LC
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspor	dence concerning this matter	to the following:	
	Pachel	Name of Person	
	The Desa	mels House (of Assitable LIC
	270 SW	Sterret Co	u le
	Post 5	City/State and Zip Code	- 34953
	E-mail address: ()	to be used for future annual report notific	cation)
For further information co	ncerning this matter, please ca	all:	
RACLEL Name of	Desays Person	at (772) 501 Area Code Daytime	Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Fiting 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 Address Registration S Division of Co	ection orporations	Street Address: Registration Sec Division of Corp The Centre of Ta	orations
Tallahassee, F			Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	iny as it non appea Liability Company)	rs on our records.	Living
The Articles of Organization for this Limited Liability Company Florida document number <u>2300033771</u> .	were filed on	8/38/20	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company h	ere:	
The new name must be distinguishable and contain the words "Limited Liabil	lity 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)			Na Na
			<u> </u>
			100 TO
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our i	records, <u>enter the</u>	name of the new registere
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:			
	Enter Florida street address , Florida		
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:	!		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	e performance o	f my duties, and l	' am familiar with and

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
<u>CEO</u> AMBL	RACHEL DESANGES		/ Add
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			□Add
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ective date, if other than the date of filing:		(optional)	40.5	
effective date is listed, the date must be specific and cannot be prior to date of fee: If the date inserted in this block does not meet the applicable statu	filing or more than 90 d tory filing requireme	ays after filing.) Pu nts, this date wil	rsuant to 605. I not be liste	.020 ed as
ument's effective date on the Department of State's records.				
cord specifies a delayed effective date, but not an effective time, at 12:	·01 a.m. on the earlie	er of: (b) The 90)th day after	r the
s filed.				
ed 10/17/2023				
ed 10 11 4000	1			
\mathcal{U}	/ I			
ed 10 17 2023 Signature of a member or authorized representation	<u> </u>	_		

Filing Fee: \$25.00