## L23000253167

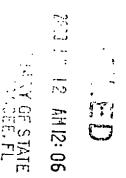
(Red	questor's Name)	
(Add	iress)	<del>- ·</del>
<b>,</b>	,	
(Add	tress)	
(City	//State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
_	_	<u> </u>
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Cortificator	of Status
Certified Copies	Certificates	or Status
Special Instructions to F	iling Officer:	
,	J	
		İ

Office Use Only



200412004682

07/12/23--01012--022 \*\*60.00



1000年

07/12/23

## **COVER LETTER**

Division of Co		id is			
SUBJECT:	Ranataev	PROS. LLC	,		
SUBJECT.	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspondence	ondence concerning this matter	to the following:			
	TEAC	y L. BROOKS			
		Name of Person			
				na På	
	***	Firm/Company	1.2.1.2	ر.	•
	92 E	ight Iron Circle	٠.	· · · · · · · · · · · · · · · · · · ·	
		Address		[녹 : ] #요 <b>관</b> :	,
	Willenson	1. FL 33860	ָר ר	12 AH 12: 06	C
	- rangerac	City/State and Zip Code		96 PATE	
	k beooks12	FL 33860 City/State and Zip Code 19D MSN. COM to be used for future annual report notific			
For further information	concerning this matter, please c	•	,		
TRACY B	eooks	a1(863) 210-	7695		
Name	of Person	at ( <u><b>863</b></u> ) <u><b>A16</b> - Area Code</u> Daytime	Telephone Number		
Enclosed is a check for t	the 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 Certificate o Certified Co (additional cop	f Status & py	
<u>Mailing Addre</u> Registration		Street Address: Registration Sect			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

Konotary Pros, LLC			
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears Liability Company)	on our records.)	<del>, ,</del>
The Articles of Organization for this Limited Liability Company	were filed on M	ey 23, 2023	and assigned
Florida document number <u>L23000 2 53167</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company hei	<u>re</u> :	
Seniors' Choice65, LLC			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the de	signation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>		
(Principal office address MUST BE A STREET ADDRESS)	AlA	<del> </del>	<u> </u>
		24 <u>1</u> 2	pay or \$
Enter new mailing address, if applicable:	Alm		
(Mailing address MAY BE A POST OFFICE BOX)	10	, J	5:
		m	<u></u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:			of the new registered
Name of New Registered Agent: Tracy	L. Brooks		
New Registered Office Address: 92 Egl	L. Brooks H Iron Circl Enter Flori	da street address	
Mulba		, Florida <u>3</u>	3860 Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>		

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 Changing Registered Agent, Signature of New Registered Agent

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 =	M	ana	ger

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			Change
_			SSEE TAIE OF Remove
			□Change
			□Add
			Remove
			□Add
			Remove
			□Add
			□Remove
			□Change

				<del></del>				
- NIP								<u> </u>
				<del></del>	<del></del>	<del></del>		
	<del> </del>	-	<u> </u>				<u> </u>	
	<del></del>			· - · · · · · · · · · · · · · · · · · ·				
			. <u></u> .					
					<del>-</del> -			
							در این کارا	<del></del>
···			<del></del>			;	٠	
						<u>-</u> ≥	5 ;	
	_			<del></del>	<del> </del>	in T		
				<del></del>		SEE S	<u> </u>	- Pare
			· · · · · · · · · · · · · · · · · · ·			TA	12: 0	
			•			<u> </u>	9	
		· · · · · · · · · · · · · · · · · · ·			· · · · · ·	··· <u> </u>		
<del></del>					<del>-</del> .		<del></del>	
				······································	<del></del> :	·		
<del></del>	<del></del>		<del></del>					
fective date, if other than the	date of filing	g:	r to date of file	0 00 man (han (	(option	nal)		
te. It the date inserted in this bi	ock does not r	neet the applic	cable statutor	y filing require	ements, this	date will	not be	listed
cument's effective date on the De	sparument of S	state s records	i.					
cord specifies a delayed effective	a dota hut not	on offeries a	: 12.01		N 0 0 0			
cord specifies a delayed effectiv s filed.	c date, out not	an enecuve (	ime, at 12:01	a.m. on the ea	irlier of: (b)	The 90	th day	after th
ned (7/9) July 9,		2023	·					
		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	/ /					
	huez 2	. Troo	<del></del>					_

Filing Fee: \$25.00