L23000308898

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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09/05/23--01014--014 **60.00

COVER LETTER

Division of Corporations
SUBJECT: Walkers Residential Independent Living LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Kimone Mattis-Walker Name of Person
Walkers Residential Independent Living UC
5675 Macoon Way
Westlake, FL 33470 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kimone Mattis-Walker at (347) 954-8140 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Registration Section

TO:

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

Walkers Residential I (Name of the Limited Liability (A Florida L	Independent.	Living LLC	<u>_</u>
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now app limited Liability Company	ears on Mar records.) ()	
The Articles of Organization for this Limited Liability Co Florida document number <u>L23000308898</u>		6-27-2023	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited Kim's Haven ALF LLC. The new name must be distinguishable and contain the words "Limited States of the limited States of			breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRI	<u> </u>		
		_	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on ou	r records, enter the nan	ne of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
NOW INCIDENCE OF THE PARTY OF T	Enter	Florida street address	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered	•		Sip Com
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and conaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change.	md agree to act in the complete performance tent as provided for a	of my duties, and I am_ in Chapter 605, F.S. Or,	familiar with and , if this document is
	If Changing Registered	I Agent, Signature of New Re	gistered 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Change
			□Add
		 	□Remove
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ote: If th	late, if other that date is listed, the de- date inserted in effective date on	this block does	s not meet the	e applicable st	of filing or mor atutory filing	(e than 90 days requirements	optional) after filing.) Pur , this date will	suant to 605.020 not be listed a
	ecifies a delayed c	effective date, b	out not an eff	ective time, at	12:01 a.m. on	the earlier o	f: (b) The 90	th day after the
record spo Lis filed.								
is filed.	8-31-3	1003		·				
is filed.	8-31-6		Chat an	r or authorized r				

Filing Fee: \$25.00

COVER LETTER

Division of Corpo	rations						
SUBJECT: Walke	rs Residential Name of Limi	Independent Livi	ng LLC				
The enclosed Articles of An	nendment and fee(s) are sub	mitted for filing.					
Please return all corresponde	ence concerning this matter	to the following:					
		Mattis-Walker Name of Person					
	Walkers Residential Independent Living LLC						
		Macoon Way Address					
Westlake, FL 33470 City/State and Zip Code							
		City/State and Zip Code 18 @ yahoo.com to be used for future annual repor					
For further information cond	cerning this matter, please ca	all:					
Kimone Mattis-La Name of Po	lalker	at (347) 951 Area Code D	F-8140 aylime Telephone Number				
Enclosed is a check for the t	following amount:						
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				

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