

L23000339401

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

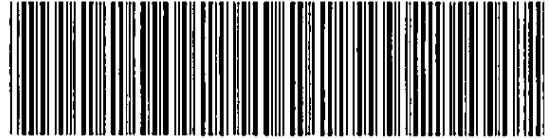
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Zion Assisted Living Facility 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:

Jacky Jean-Pierre
Name of Person
Zion Assisted Living LLC
Firm/Company
504 Apache Trail
Address
Brandon Florida 33511
City/State and Zip Code
JdoubleggP@gmail.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Jacky Jean-Pierre at (813) 403-1839
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

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TALLAHASSEE, FL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Zion Assisted Living 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 July 18, 2023 and assigned Florida document number L23000339401.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Zion Assisted Living Facility 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)

504 Apache Trail
Brandon FL 33511

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CLERK OF COURT
HILLSBORO COUNTY
FLORIDA

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

504 Apache Trail
Brandon FL 33511

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Jacky Jean-Pierre

New Registered Office Address:

504 Apache Trail

Enter Florida street address

Brandon

City

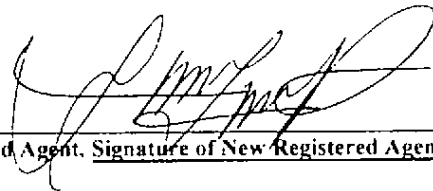
Florida

33511

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

I have attached a copy of the business to
this mail to use as a confirmation.

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TALLAHASSEE, FL

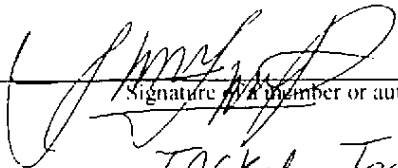
E. Effective date, if other than the date of filing: 12/7/2023 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 12/07/2023 9:40 AM



Signature of a member or authorized representative of a member

JACKY Jean-Pierre
Typed or printed name of signee

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>	<u>Address</u>	<u>Type of Action</u>
CFO	Charles Lawrence	_____	<input type="checkbox"/> Add
		504 Apache Trl Brandon FL 33511	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
CFO	Jacky Jean-Pierre	504 Apache Trl Brandon FL 33511	<input checked="" type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
AMBR	Jacky Jean-Pierre	504 Apache Trl Brandon FL 33511	<input checked="" type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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SECRETARY OF STATE
TALLAHASSEE, FL

View current license information at: Floridahealthfinder.gov

LICENSE #: 13848
CERTIFICATE #: 69047

State of Florida

AGENCY FOR HEALTH CARE ADMINISTRATION
DIVISION OF HEALTH CARE POLICY AND OVERSIGHT

ASSISTED LIVING FACILITY LICENSED

This is to confirm that Zion Assisted Living Facility LLC, has complied with the rules and regulations adopted by the State of Florida, Agency for Health Care Administration, as authorized by Chapter 429, Part I, Florida Statutes and 59A-36, Florida Administrative Code, and is authorized to operate the following:

ZION ASSISTED LIVING FACILITY LLC

504 Apache Trail
Brandon, FL 33511

Total Capacity: 6

Optional State Supplementation Residents: 0

Private Pay Residents: 6

EFFECTIVE DATE: 12/04/2023

EXPIRATION DATE: 12/03/2025



A stylized, handwritten signature in black ink, appearing to be 'JW' or similar initials.

Jason Weida, Secretary