

L23000426397

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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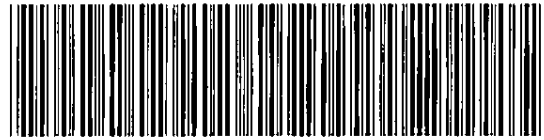
(Business Entity Name)

(Document Number)

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CLERK OF COURT
J. G. S. H. H. H.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EMPATHETIC TOUCH 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:

AMOS ANDRE

Name of Person

EMPATHETIC TOUCH ASSISTED LIVING FACILITY, LLC

Firm/Company

10170 CALUMET LANE

Address

LAKE WORTH, FL 33467

City/State and Zip Code

AANDRE2026@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AMOS ANDRE

561 635-2292
at ()

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

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

EMPATHETIC TOUCH ASSISTED LIVING FACILITY, 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 09/13/2023 and assigned
Florida document number L23000426397.

This amendment is submitted to amend the following:

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

EMPATHETIC TOUCH 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:

10170 CALUMET LANELAKE WORTH, FL 33467

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

10170 CALUMET LANELAKE WORTH, FL 33467

(Mailing address MAY BE A POST OFFICE BOX)

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:

ANDRE. AMOS

New Registered Office Address:

10170 CALUMET LANE

Enter Florida street address

LAKE WORTH

City

Florida

33467

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

2023 SEP 26 PM 2:17
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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>
MGR	ESTEFONT, LIVERTHA	10170 CALUMET LANELAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	AMOS ANDRE	10170 CALUMET LANELAKE WORTH, FL 33467	<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
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			<input type="checkbox"/> Change

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(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.

Dated 09/21

2023

Signature of a member or authorized representative of a member

Amos ANDRE
Typed or printed name of signee

Typed or printed name of signee