Division of Corporations



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To:

Division of Corporations

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN A'SEASSITED LIVING LLC

Certificate of Status	0
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A'seassis	sted Living LLC	
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 11/15/2023	and assigned
Florida document number L23000514595	<del></del> ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
A'seasted Living LLC		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable:	<del> </del>	
(Mailing address MAY BE A POST OFFICE BOX)		
		~
B. If amending the registered agent and/or registered	d office address on our records, enter the name	of the new register
agent and/or the new registered office address here:	<del></del>	<del> </del>
Name of New Registered Agent:		r ,
Traine of New Registered rigent.		<u> </u>
New Registered Office Address:		
	Enter Florida street address	ယ
	, Florida	
<del></del>	City	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 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
			□Add
			□Remove
			☐Change
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ffective date, if other than the da	ate of filing: (optional)	
an effective date is listed, the date must be to the date inserted in this bloc	be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6 k does not meet the applicable statutory filing requirements, this date will not be be	605.020 listed a
ocument's effective date on the Department		
record specifies a delayed effective of is filed.	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day at	fter the
ns med.		
November 30th	2023	
acci	<del></del> ,	
_	ignature of a member or authorized representative of a member	
Si	ignature of a member or authorized representative of a member	
	Erin Saville, Attorney-In-Fact	
	•	

Filing Fee: \$25.00