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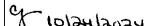
| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Character to Ellin Office. |
| Special Instructions to Filing Officer: |
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COVER LETTER

Tallahassee, FL 32314

| TO: Registration S Division of Co | | | |
|--------------------------------------|--|---|---|
| | reat Living 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: | |
| | JEANITA MARSEILLE | | |
| | | Name of Person | |
| | | Firm/Company | |
| | 4380 SW CALAH CIR | | |
| | | Address | |
| | PORT ST LUCIE FL 3348 | 1 | |
| | MARSETLLEJEANTTA@YAHOO. | City/State and Zip Code . COM | |
| | E-mail address: (| to be used for future annual report noti | fication) |
| For further information of | concerning this matter, please co | all: | |
| JEANITA MARSEILLE | | 772 874 9288 at () | |
| Name o | of Person | Area Code Daytim | e Telephone Number |
| Enclosed is a check for t | he following amount: | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| <u>Mailing Addre</u> Registration | | <u>Street Address:</u> Registration Se | ction |
| Division of C | Corporations | Division of Cor | porations |
| P.O. Box 632 | 41 | The Centre of T | ananassee |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

221217-7 1" 7:16

| HAVEN RETREAT LIVING LLC | | | . 7-10 |
|--|---|---|---|
| (<u>Name of the Limited Liability Comp</u> (A Florida Limited | any as it now appea Liability Company) | rs on our records.) | |
| The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.24000364825}{1.24000364825}$ | were filed on | 08/20/2024 | and assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liab | oility company h | <u>ere</u> : | |
| HAVEN TRANSITIONAL LIVING LLC | | | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the | designation "LLC" or the | bbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRESS) | 11582 VILLAG | E #1022 PKWY | |
| | PORT ST LUCI | E FL 34987 | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: | | | ne of the new registere |
| | Enter Flo | orida street address | |
| | | , Florida _ | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | Cïţ _i v | | zīp Code |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change. | performance of provided for in | f my duties, and I am Chapter 605, F.S. Or | familiar with and ; if this document is |

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 = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|---------------|----------------|
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| ective date, if other tha | in the date of filing: | | | _ (optional) | |
| effective date is listed, the dee: If the date inserted in | ate must be specific and ca | annot be prior to date of | | lays after filing.) Pursuant | |
| ument's effective date on | | | nory ming requirem | ins, this date will not b | ic tisted a. |
| | | | | | |
| cord specifies a delayed e | ffective date, but not as | n effective time, at 12 | :01 a.m. on the earli | er of: (b) The 90th day | y after the |
| s filed. | | | | | |
| 9/14/2024 ed | Λ | | | | |
| ed | //-/ - | | | | |
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| | 17 MAXM | | resentative of a member | | |

Filing Fee: \$25.00

Typed or printed name of signee