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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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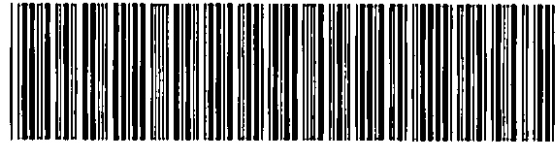
(Business Entity Name)

(Document Number)

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AUG 29 2020

S. YOUNG



101 S. Stratford Road
Suite 210
Winston-Salem, NC 27104

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John P. McNames
Direct Dial: 336-717-1309
E-mail: JMcNames@WaldrepLLP.com

July 17, 2020

VIA FEDERAL EXPRESS

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street
Suite 810
Tallahassee, FL 32303

***Re: Affinity Living Group, LLC's Application by Foreign Limited Liability Company to
File Amendment to Certificate of Authority to Transact Business in Florida***

To Whom It May Concern:

Please find enclosed a completed Application by Foreign Limited Liability Company to File Amendment to Certificate of Authority to Transact Business in Florida by Affinity Living Group, LLC, a North Carolina limited liability company (the "Company").

The Company has changed its name in North Carolina to ALG Senior LLC. Enclosed with the application is a certificate of the Articles of Amendment from the North Carolina Secretary of State dated July 15, 2020 evidencing the name change.

Also enclosed is a \$25 check representing the filing fee for the application.

Please do not hesitate to contact me with any questions or concerns. I can be reached by email at jmcnames@waldrepLLP.com or on my cell at 336-813-3516. I appreciate your assistance with this matter.

Sincerely,

WALDREP LLP

John P. McNames
Partner

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Affinity Living Group, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John McNames

Name of Person

Waldrep LLP

Firm/Company

101 S. Stratford Road, Suite 210

Address

Winston-Salem, NC 27104

City/State and Zip Code

mdeaton@algsenior.com

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

For further information concerning this matter, please call:

Mel Deaton

at (828) 322-5535

Name of Person

Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Affinity Living Group, LLC

Enter new principal office address, if applicable: _____

(Principal office address

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M16000009831

3. Jurisdiction of its organization: North Carolina

4. Date authorized to do business in Florida: 12/06/2016

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: ALG Senior LLC

(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, **Florida** _____
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 Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the
aforementioned amendment(s), duly authenticated by the official having custody of records in the
jurisdiction under the law of which this entity is organized.

Signature of the authorized representative

Thomas W. Waldrep, Jr.

Typed or printed name of signee

Filing Fee: \$25.00



NORTH CAROLINA

Department of the Secretary of State

To all whom these presents shall come, Greetings:

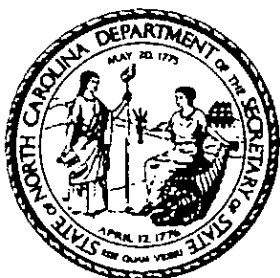
I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify the following and hereto attached to be a true copy of

ARTICLES OF AMENDMENT

OF

ALG SENIOR LLC

the original of which was filed in this office on the 15th day of July, 2020.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 15th day of July, 2020.

Elaine F. Marshall

Secretary of State

*State of North Carolina
Department of the Secretary of State*

SOSID: 1493291
Date Filed: 7/15/2020 10:13:00 AM
Elaine F. Marshall
North Carolina Secretary of State
C2020 181 00607

**Limited Liability Company
AMENDMENT OF ARTICLES OF ORGANIZATION**

Pursuant to §57D-2-22 of the General Statutes of North Carolina, the undersigned limited liability company hereby submits the following Articles of Amendment for the purpose of amending its Articles of Organization.

1. The name of the limited liability company is: Affinity Living Group, LLC

2. The text of each amendment adopted is as follows (attach additional pages if necessary):
The name of the limited liability company is being changed to: ALG Senior LLC

3. (Check either a or b, whichever is applicable)

A. ☐ The amendment(s) was (were) duly adopted by the majority vote of the organizers of the limited liability company prior to the identification of initial members of the limited liability company.

B. ☒ The amendment(s) was (were) duly adopted by the unanimous vote of the members of the limited liability company or was (were) adopted as otherwise provided in the limited liability company's Articles of Organization or a written operating agreement.

4. These articles will be effective upon filing, unless a date and/or time is specified: _____

This the 30 day of June, 2020.

Affinity Living Group, LLC

Name of Limited Liability Company

Signature

Waldrep LLP, by Thomas W. Waldrep, Jr., General Counsel

Type or Print Name and Title

, Company Official

NOTES:

1. Filing fee is \$50. This document must be filed with the Secretary of State.