

M18000005841

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

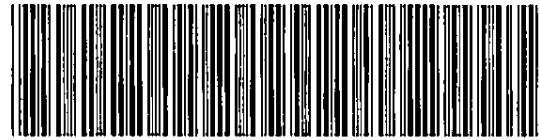
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 JUL 27 AM 11:53
TALLAHASSEE, FLORIDA

OCT 1 2022
S. PRATHEF

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Xtend Villages 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:

Dion Atchison

Name of Person

Xtend Villages LLC / Aviv Villages LLC

Firm/Company

2955 Brownwood Blvd #100

Address

The Villages FL 32163

City/State and Zip Code

dion@aviv-clinics.com

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

For further information concerning this matter, please call:

Dion Atchison

at (407) 417-4631

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)

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TALLAHASSEE
FLORIDA

411 2022

1. Name of limited liability Company as it appears on the records of the Florida Department of State: Xtend Villages 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: M1800005841

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 06/18/2018

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

5. New name of the limited liability company: Aviv Villages 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.

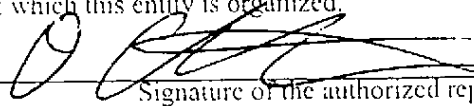
 If Changing Registered Agent, Signature of New Registered Agent

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>
CEO	David Globig	2955 Brownwood Blvd	<input checked="" type="checkbox"/> Add
		The Villages, FL 32163	<input type="checkbox"/> Remove
COO	Dion Atchison	2955 Brownwood Blvd	<input checked="" type="checkbox"/> Add
		The Villages FL 32163	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add

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

Dion Atchison, COO

 Typed or printed name of signee

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 2022 JUL 27 AM 11:53
 CLERK OF STATE
 TALLAHASSEE, FLORIDA

Filing Fee: \$25.00

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "XTEND VILLAGES LLC", CHANGING ITS NAME FROM "XTEND VILLAGES LLC" TO "AVIV VILLAGES LLC", FILED IN THIS OFFICE ON THE NINETEENTH DAY OF MARCH, A.D. 2021, AT 8:24 O`CLOCK A.M.




Jeffrey W. Bullock, Secretary of State

6933471 8100
SR# 20210967349

Authentication: 202778222
Date: 03-19-21

You may verify this certificate online at corp.delaware.gov/authver.shtml

**STATE OF DELAWARE
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: Xtend Villages LLC

2. The Certificate of Formation of the limited liability company is hereby amended as follows:

1. Name. The name of the limited liability company is hereby amended to Aviv Villages LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 18th day of March, A.D. 2021.

By: /s/ Jonathan Preminger

Authorized Person(s)

Name: Jonathan Preminger

Print or Type