## P050000 4/1032

(Requestor's Name)	
(Address)	60033
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	09/03/19-
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2019 SEP -3 PH 5: 49

C. GOLDEN SEP 1 1 2019

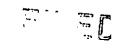
## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: Phoenix Senior Liv	ving III, Inc	
DOCUMENT NUM!	D05000041622		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Gabriela Roman		
		Name of Contact Person	1
	Phoenix Senior Living III, In	c	
		Firm/ Company	
	9609 Waterview Way		
		Address	
	Parkland, Florida 33076		
		City/ State and Zip Cod	e
roma	1531@gmail.com		
	<del></del>	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
Gabriela Roman		954 at (	682-1985
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amo Div P.O	iling Address endment Section ision of Corporations . Box 6327	Amend Divisio Clifton	Address Iment Section on of Corporations Building
l'all	ahassee, FL 32314	2661 E	xecutive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



PHOENIX SENIOR LIVING III, INC.

2019 SEP - 3 PM 5

	P05000041632	
	(Document Number of Corporation (if k	nown)
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this <i>Florida Profit Con</i>	rporation adopts the following amendment(s
A. If amending name, enter the new na	ame of the corporation:	
	tain the word "corporation," "company," e eation "Corp," "Inc," or "Co". A professio tion," or the abbreviation "P.A,"	
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>		
	od/or registered office address in Florida, en	nter the name of the
new registered agent and/or the ne	Christopher Emanuel Szabo	
Name of New Registered Agent		
	9609 Waterview Way (Florida street address)	
New Registered Office Address:	Parkland	, Florida_33076
	(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agent: tered agent.—I am familiar with and accept the	e obligations of the position.
	11/1/1 (a)	
<del></del>	Signature of New Registered Agent, if	Changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, a address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Ch Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each off held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Chang Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John De	<u>ve</u>	
X Remove	<u>V</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Sr	mith_	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	<u>S</u>		Christopher Emanuel Szabo	9609 Waterview Way
X Add				Parkland, FL 33076
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change			<del></del>	
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

Attach addit	or adding additional Articl onal sheets, if necessary).	(Be specific)			
-					
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	<del></del>		<del></del>		
<u>f an amend</u> neovisions	ment provides for an excha- for implementing the amend	nge, reclassification	i, or cancellation of it	ssued shares, t itself:	
(if not a	pplicable, indicate N/A)	menen not coman	ica in the amenancii	C H3CH.	
<del> </del>					
	<del></del>		<u> </u>		
	<del> </del>	<del></del>			
					·· <b>-</b>

	08/27/2019	
	adoption:	, if other than
date this document was signed.	NI - 1771 ()	
OX 	3/15/2019	
<u>pp</u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this d Department of State's records.	ate will not be listed as
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment sufficient for approval.	(s)
	approved by the shareholders through voting groups. The following statem for each voting group entitled to vote separately on the amendment(s):	ent ent
"The number of votes ea	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and sharehold	ler
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
08/27/20 Dated	19	
Signature	Rahrile Doman	
selec	a director, president or other officer — if directors or officers have not been ted, by an incorporator — if in the hands of a receiver, trustee, or other consisted fiduciary by that fiduciary)	
	Gabriela Roman	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	<del></del>