

From: Amal Bello  
6/25/24, 8:45 AM

Fax: 1322503577

To:

Fax: (850) 617-6380

Page: 1 of 2

6/25/2024 9:31 AM

**PO6 000147548**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6380

From: Account Name : AVENTUS LAW GROUP PLLC  
Account Number : I20230000152  
Phone : (321)250-3577  
Fax Number : (321)250-3985

2024 JUN 25 PM 12: 01

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE FLORIDA

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

Email Address: \_\_\_\_\_

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
MIRAMAR ISLES ASSISTED CARE FACILITY, INC.**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
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Electronic Filing Menu

Corporate Filing Menu

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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: MIRAMAR ISLES ASSISTED CARE FACILITY, INC

DOCUMENT NUMBER: P06000147548

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Contact Person: GERRARD L. GRANT  
 Firm/ Company: AVENTUS LAW GROUP, PLLC  
 Address: 1095 W. MORSE BLVD. SUITE 200  
 City/ State and Zip Code: WINTER PARK, FLORIDA 32789  
 E-mail address: GGRANT@AVENTUSLAWGROUP.COM  
 (to be used for future annual report notification)

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For further information concerning this matter, please call:

GERRARD L. GRANT at ( 321 ) 250 3577  
 Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- \$35 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)

**Mailing Address**  
 Amendment Section  
 Division of Corporations  
 P.O. Box 6327  
 Tallahassee, FL 32314

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



If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and 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 = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office 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 is 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 Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

- Change            PT     John Doe
- Remove            V     Mike Jones
- Add                SV     Sally Smith

| Type of Action<br>(Check One)      | Title | Name  | Address |
|------------------------------------|-------|-------|---------|
| 1) <input type="checkbox"/> Change | _____ | _____ | _____   |
| <input type="checkbox"/> Add       | _____ | _____ | _____   |
| <input type="checkbox"/> Remove    | _____ | _____ | _____   |
| 2) <input type="checkbox"/> Change | _____ | _____ | _____   |
| <input type="checkbox"/> Add       | _____ | _____ | _____   |
| <input type="checkbox"/> Remove    | _____ | _____ | _____   |
| 3) <input type="checkbox"/> Change | _____ | _____ | _____   |
| <input type="checkbox"/> Add       | _____ | _____ | _____   |
| <input type="checkbox"/> Remove    | _____ | _____ | _____   |
| 4) <input type="checkbox"/> Change | _____ | _____ | _____   |
| <input type="checkbox"/> Add       | _____ | _____ | _____   |
| <input type="checkbox"/> Remove    | _____ | _____ | _____   |
| 5) <input type="checkbox"/> Change | _____ | _____ | _____   |
| <input type="checkbox"/> Add       | _____ | _____ | _____   |
| <input type="checkbox"/> Remove    | _____ | _____ | _____   |
| 6) <input type="checkbox"/> Change | _____ | _____ | _____   |
| <input type="checkbox"/> Add       | _____ | _____ | _____   |
| <input type="checkbox"/> Remove    | _____ | _____ | _____   |

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