(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	ocument Number	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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12/31/14--01023--008 \*\*35.00



### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: GREEN ACRES ASSISTED LIVING CORPORATION						
DOCUMENT NUMBER: P10000075758						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
RAFAEL D. AVECILLAS						
		Name of Contact Person	1			
	GREEN ACRES ASSISTED LIVING CORPORATION					
Firm/ Company 2644 FRITZKE ROAD						
		Address				
	DOVER, FL 33	527				
		City/ State and Zip Code	2			
·	E-mail address: (to be us	ed for future annual report	notification)			
For further information	n concerning this matter, pleas	e call:				
RAFAEL D	. AVECILLAS	" <sub></sub> 813	986-6157			
Name	of Contact Person		de & 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		Street Address				
Amendment Section		Amendment Section				
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building				
Tallahassee, FL 32314 Conton Building  Canton Building  2661 Executive Center Circle						
	•		issee, FL 32301			

### **Articles of Amendment**

## Articles of Incorporation

# **GREEN ACRES ASSISTED LIVING COI**

(Name of Corporation as currently filed with the Florida Dept. of State)

P10000075758

(Document Number of Corporation (if known)

dment(s) to

	40.
e must be distinguishable and contain the word "corporp.," "Inc.," or Co.," or the designation "Corp," "Inc.,"	ration," "company," or "incorporated" or the or "Co". A professional corporation name mu.
$\hat{d}$ "chartered," "professional association," or the abbrevial	ion "P.A."
nter new principal office address, if applicable: cipal office address <u>MUST BE A STREET ADDRESS</u> )	N/A
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	N/A
Malling address MAI BE A PUST OFFICE BUA	
amending the registered agent and/or registered office	address in Florida, enter the name of the
ew registered agent and/or the new registered office ad	
Name of New Registerea Agent	
ew registered agent and/or the new registered office ad  Name of New Registered Agent	dress:

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: X Change	<u>PT</u>	John Doe	
X Remove	· <u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	V	ALISON M. AVECILLAS	2644 FRITZKE ROAD
Add			DOVER, FL 33527
Remove			
2) Change			
Add			
Remove			
3) Change			<del></del>
Add			Appropriate the control of the contr
Remove			
4) Change			
Add			<del></del>
5) Change			
Add			
Remove			
6) Change			
Add	<del>-1 '</del>		
Pemove			

<ul> <li>If amending or adding additional Arti (Attach additional sheets, if necessary).</li> </ul>	(Be specific)
/A	(
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,	
If an amondment provides for an arch	and realization or consultation of igned shows
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
<b>1/A</b>	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
I'he amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 12-29-14	
Signature Pule Mille	
(By a director, president or other officer – if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Rafael D. Avecillas	
(Typed or printed name of person signing)	
President	<u> </u>
(Title of person signing)	