P11000006003

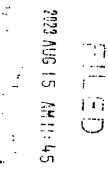
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION:	IVING FACILITY, INC.		
DOCUMENT NUMB	P11000006003 ER:			
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
		YANET D CUELLO		
-	Name of Contact Person SOLASSISTED LIVING FACILITY, INC.			
-	Firm/ Company 2400 SW 137 CT.			
	<u> </u>	Address MIAMI, FL 33175		
-		City/ State and Zip Code	૯	
	JAVIERNORIEGA25@HOT	MAIL.COM		
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	n concerning this matter, plea	se call:		
YANET D CUELLO		786 at (444-2493)	
Name o	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:	
□ \$35 Filing Fee	XS43.75 Filing Fee & Certificate of Status ■ Certificate of Status	S43.75 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

Articles of Amendment to Articles of Incorporation of



SOLASSISTED LIVING FACILITY, INC.

(Nome of Corneration as surrently		<u> </u>
		orida Dept. of State)
P11000006	500,3	
(Document Number of	f Corporation (if k	nown)
rsuant to the provisions of section 607.1006. Florida Statutes, this and Articles of Incorporation:	Florida Profit Cor	poration adopts the following amendment
If amending name, enter the new name of the corporation:		
	 -	Thenew
me must be distinguishable and contain the word "corporation," "C nc.," or Co.," or the designation "Corp," "Inc," or "Co". A chartered," "professional association," or the abbreviation "P.A."		
martered. In cyclishina association, or the dometration rin.	N/A	
Enter new principal office address, if applicable:	****	
Principal office address MUST BE A STREET ADDRESS)		
	-	
Enter new mailing address, if applicable:	N/A	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
If amending the registered agent and/or registered office addr		ter the name of the
new registered agent and/or the new registered office address N/A	<u>.</u>	
Name of New Registered Agent		
		· · · · · · · · · · · · · · · · · · ·
<u> </u>	and a filtrania	
Ail and less than	eer aaaressi	
(Florida str. N/A		
(Florida str. N/A New Registered Office Address:		, Florida

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

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 Do	<u>)e</u>	
X Remove	<u>V</u>	Mike Jo	ones	
X Add	<u>sv</u>	Sally Si	nith	
Type of Action	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
(Check One)	VP		NORAH RUTH MARISCAL	2400 SW 137 CT.
1) Change				MIAMI, FLORIDA 33175
Add X				
Remove				
2) Change		_		
Add				
Remove 3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
51 Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
1	
If an amendment provides for an exc	change, reclassification, or cancellation of issued shares,
provisions for implementing the amo	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
A	
· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) ad	option:	, if other than the
date this document was signed.	August 15, 2022	
Effective date if applicable:		
	(no more than 90 days after amendment file	date)
Note: If the date inserted in this bl- document's effective date on the Dep	ock does not meet the applicable statutory filing require artment of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
★ The amendment(s) was/were adopaction was not required.	ted by the incorporators, or board of directors without sl	hareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were sul	ted by the shareholders. The number of votes cast for the ficient for approval.	ne amendment(s)
	oved by the shareholders through voting groups. The for ach voting group entitled to vote separately on the amer	
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
July 30, 202	1	
Dated		
Signature V	net cuello	
	ector, president or other officer - if directors or officers	
	by an incorporator – if in the hands of a receiver, truste	e, or other court
	d fiduciary by that fiduciary) ANET D CUELLO	
	ANETOCOECIE	
-	(Typed or printed name of person signing)	
1	PRESIDENT	
-	(Title of person signing)	