P12000043643

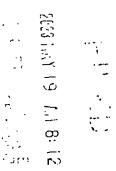
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A. RIVERS

JUL 1 8 2023

COVER LETTER

	legistration Se Division of Cor		Ų.Ca	ė.		
		E ASSISTED LIVING FACILI				
SUBJECT	Name of Limited Liability Company					
			10 01			
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please retu	ırn all correspo	ondence concerning this matter	to the following:			
		HILDA SANCHEZ				
			Name of Person	 		
		EL ROBLE ASSISTED L	IVING FACILITY INC			
			Firm/Company			
		300 SW 2ND DR				
			Address			
		BELLE GLADE, FL 3343	0			
			City/State and Zip Code			
		HILDASANCHEZ9690@\				
For further	r information c	e-mail address: (to be used for future annual report all:	nouncation)		
HILDA S			561 261 - 37.	56		
	Name o	f Person	at () Area Code Da	ytime Telephone Number		
Enclosed i	is a check for ti	he following amount:				
■ \$25.00	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed		
	lailing Addres		Street Addres			
	Registration !		Registration			
	Division of C P.O. Box 632			Corporations of Tallahassee		
	'.O. Box 632 'allahassee,			nroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EL ROBLE ASSISTED LIVING FACILITY INC			-	
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number P12000043643	were filed on 05/09/2012	·	_ and assigne	ed .
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
			· -	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" of	or the abbre	viation "L.L.C."	
Enter new principal offices address, if applicable: 300 SW 2ND DR				
(Principal office address MUST BE A STREET ADDRESS)	BELLE GLADE, FL 33430			
			25	
			ελη 2 :	
Enter new mailing address, if applicable:	932 SE 3RD ST	•		
(Mailing address MAY BE A POST OFFICE BOX)	BELLE GLADE, FL 33430	-	Œ.	
Maning duaress MAT BE A FOST OFFICE BOX				• •
	 -		<u>⇔</u> ;	•
B. If amending the registered agent and/or registered office	address on our records, enter th	e name o	 f the new re	gista
agent and/or the new registered office address here:	audiess on our records, enter the			<u></u>
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	Enter Payraa sa cer adaress			

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.

City

Florida_

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>_</u>			□Add
			□Remove
			□Change
			□Add
			□Remove
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		<u> </u>	□Add
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E. Effec	ctive date, if other than the d	ate of filing:		(optional)
<u>Note</u>	effective date is listed, the date must be If the date inserted in this block iment's effective date on the Dep	k does not meet the applica	o date of filing or more than 90 ble statutory filing requiren	(optional) days after filing.) Pursuant to 605.0207 nents, this date will not be listed as
If the record is		date, but not an effective tir	ne, at 12:01 a.m. on the earl	ier of: (b) The 90th day after the
	, MAY 15	2023		
Date	d	,	- ·	
		·/ /		