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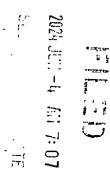
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: LONGEVITY AS:	SISTED LIVING FACILIT	Y CORP		
DOCUMENT NUM	BER:				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	ALIORKY GARCIA AGU	IAR			
		Name of Contact Person			
		Firm/ Company			
	717 W 32 ST				
		Address			
	HIALEAH FL 33012				
		City/ State and Zip Code	:		
	longevityalf2023@gmail.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	n concerning this matter, pleas	se call:			
Esperanza Martinez I	ita	at (5123678		
Name of Contact Person		Area Coo	le & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	ertment of State;		
\$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is euclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee I. Monroe Street, Suite 810 ssee, FL 32303		

Articles of Amendment to Articles of Incorporation of

FILED

LONGEVITY ASSISTED LIVING FA	CILITY CORP		2021. 1133	
(Name	of Corporation as currentl	y filed with the Florida Dept. o		4 ## 7:0
P23000030174			3	·- T,
<u>,</u>	(Document Number o	Corporation (if known)	•	
Pursuant to the provisions of section 607, its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation ado	pts the following	amendment(s) t
A. If amending name, enter the new n	ame of the corporation:			
N/A			7	The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C" chartered," "professional association,"	Corp," "Inc," or "Co". A	professional corporation name	r the abbreviation	"Corp.,"
B. Enter new principal office address,	if sumlies ble	N/A		
(Principal office address MUST BE A S		<u> </u>		
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		N/A		
(Maiung adaress MAT BE A POST	OFFICE BUX)			
			 	
 If amending the registered agent are new registered agent and/or the new 			of the	
· · · · · · · · · · · · · · · · · · ·	N/A	•		
Name of New Registered Agent				
	(Florida str	ees address)		
New Registered Office Address:	N/A	. 1	Florida	
		(City)	(Zip Co	de)
		•		
New Registered Agent's Signature, if c I hereby accept the appointment as regist			of the position.	
A	. , , ,		- •	
	G: CN D			
	Signature of New K	egistered Agent, if changing		

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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)

Example:

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.

X Change	PT John	<u>Doe</u>	
X Remove	V Mike	Jones	
X Add	<u>SV</u> <u>Sally</u>	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	T	JORGE E. GARCIA AGUIAR	717 W 32 ST
X Add		-	HIALEAH, FL 33012
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			<u> </u>
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

iena Leon Boza is listed as VP and	
forge E. Garcia Aguiar, T as an Add.	
	
f. If an amendment provides for an exchange, reclassification, or ca provisions for implementing the amendment if not contained in	incellation of issued shares, the amendment itself:
(if not applicable, indicate N/A) Issued shares are distributed as follows:	
(if not applicable, indicate N/A) Issued shares are distributed as follows:	
(if not applicable, indicate N/A) Issued shares are distributed as follows: Aliorky Garcia Aguiar, P, 50.00%	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A) Issued shares are distributed as follows: Aliorky Garcia Aguiar, P, 50.00% Liena Leon Boza, VP, 30.00%	
(if not applicable, indicate N/A) Issued shares are distributed as follows: Aliorky Garcia Aguiar, P, 50.00% Liena Leon Boza, VP, 30.00%	
(if not applicable, indicate N/A) Issued shares are distributed as follows: Aliorky Garcia Aguiar, P, 50.00% Liena Leon Boza, VP, 30.00%	

05/28/2024	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
05/28/2024	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.	this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without sharehold action was not required.	ler action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amen by the shareholders was/were sufficient for approval.	dment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment(.	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
Dated 05-28-2024	
Signature	- h
(By a director, president or other officer - if directors or officers have no	
selected, by an incorporator - if in the hands of a receiver, trustee, or other	er court
appointed fiduciary by that fiduciary)	
Ali ORIG GARCIA AC (Typed or printed name of person signing)	zuier.
(Typed or brinted name of person signing)	
President.	
(Title of person signing)	
(