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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	DRATION: LAKE VIEW RET	TIREMENT RESIDENCE,	INC.
DOCUMENT NUM	1BER: P97000080531		
The enclosed Article	es of Amendment and fee are su	bmitted for filing.	
Please return all corr	respondence concerning this ma	tter to the following:	
	PHILBERT HILLIMAN		
		Name of Contact Persor	1
	PHIL'S ACCOUNTING & E	BUSINESS SERVICE, INC	
		Firm/ Company	
	8316 W OAKLAND PARK	BLVD	
		Address	
	SUNRISE FL 33351		
		City/ State and Zip Code	2
	LAKEVIEWRR@YAHOO.	COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call:	
SONIA BELL		954 at (714-0064
Name	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
S35 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)
Ar Di P.0	ailing Address nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

Articles of Amendment Articles of Incorporation of

LAKE VIEW RETIREMENT RESIDENCE, INC.		
1º97000080531	filed with the Florida Dept. of State)	
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	lorida Profit Corporation adopts the follo	owing amendment
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	mpany," or "incorporated" or the abbrev professional corporation name must co	viation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2021
		·
		i.
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ss in Florida, enter the name of the	
N. AN D. I. A.		Q.
		
(Florida stree	t address)	
New Registered Office Address:	Florido	
	, Florida City) (Zip Code)
	(εώρ σομές
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and aquant the obligations of the movie	on.
i nereo, decept the appointment as registered agent. I am juittitat wi	in and accept the boligations of the positi	ол.
Signature of New Reg	istered Agent, if changing	
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, nam 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 = Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office 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. The 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 Child 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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	SOPHIA STUPART	9239 NW 61ST STREET
X Add			TAMARAC FL
Remove			33321
2) Change			
Add			
Remove 3) Change			
Add		· - -	
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional s	ding additional Arti heets, if necessary).	(Be specific)			
					
 	 				
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. <u>If an amendment p</u>					<u>es.</u>
(if not applica	plementing the amer ble, indicate N/A)	<u>idment il not con</u>	tained in the amo	endment itself:	
(у пог арриса	Die, maicute MA)				
	-				
					

The date of each amendment(s)	adoption:, if other t
date this document was signed.	
Effective date if applicable:	/26/2020
meetive date it applicable.	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date will not be liste Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were action was not required.	dopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
must be separately provided fo	opproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s): It for the amendment(s) was/were sufficient for approval
by	**
	(voting group)
10/26/202 Dated Signature	Ama Rell
(By a select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)
	SONIA BELL
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)