

L18 000284937

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

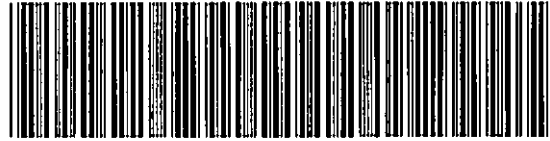
(Document Number)

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Special Instructions to Filing Officer:

PA Signature

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12/28/21--01002--011 **30.00

A. BUTLER

FEB - 1 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 485 Livingston, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Eduardo Lacasa

Name of Person

Firm/Company

815 NW 57th Av. Suite 480

Address

Miami, FL 33126

City/State and Zip Code

elacasa@chrysalishealth.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eduardo R. Lacasa

at (786) 363-6880

Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee &
Certificate of Status

\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

485 Livingston, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/03/2018 and assigned Florida document number L18000284937.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

815 NW 57th Av. Suite 480

(Principal office address MUST BE A STREET ADDRESS)

Miami, Fl. 33126

Enter new mailing address, if applicable:

815 NW 57th Av. Suite 480

(Mailing address MAY BE A POST OFFICE BOX)

Miami, Fl. 33126

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Eduardo R. Lacasa

New Registered Office Address:

815 NW 57th Av. Suite 480

Enter Florida street address

Miami,

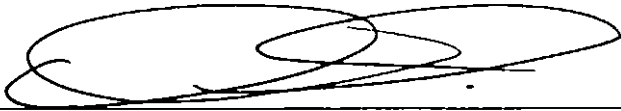
Florida 33126

City

Zip Code

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.



If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Eduardo R. Lacasa	1507 Sunset Dr.	<input type="checkbox"/> Add
		Coral Gables, Fl. 33143	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Manuel E. Menendez	1507 Sunset Dr.	<input type="checkbox"/> Add
		Coral Gables, Fl. 33143	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	<i>Eduardo R. Lacasa Revocable Family Trust</i>	815 NW 57th Av. Suite 480	<input checked="" type="checkbox"/> Add
		Miami, Fl. 33126	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	<i>Manuel E. Menendez III Revocable Family Trust</i>	815 NW 57th Av. Suite 480	<input checked="" type="checkbox"/> Add
		Miami, Fl. 33126	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Susan Vanac	815 NW 57th Av. Suite 480	<input checked="" type="checkbox"/> Add
		<i>Miami, Fl 33126</i>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Micheal Pierro	815 NW 57th Av. Suite 480	<input checked="" type="checkbox"/> Add
		Miami, Fl. 33126	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Leslie Lynch	815 NW 57th Ave. Suite 480	<input checked="" type="checkbox"/> Add
		Miami, FL 33126	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Angel Junquera	815 NW 57th Ave. Suite 480	<input checked="" type="checkbox"/> Add
		Miami, FL 33126	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Doug Leonardo	815 NW 57th Ave. Suite 480	<input checked="" type="checkbox"/> Add
		Miami, FL 33126	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: 12/22/2021 **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 12-22-2021


Signature of a member or authorized representative of a member

Eduardo R. Lacasa

Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 JAN 20 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FL

January 12, 2022

EDUARDO LACASA
815 NW 57TH AV.
SUITE 480
MIAMI, FL 33126

SUBJECT: 485 LIVINGSTON, LLC.
Ref. Number: L18000284937

We have received your document for 485 LIVINGSTON, LLC. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 622A00000872