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Florida Department of State

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Account Name : FILINGS, INC. Account Number : 072720000101 Phone : (954)791-2100 Fax Number : (954)583-4117

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SENIORS FIRST LIFE LLC

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COVER LETTER

	Registration S Division of Co		•	• (
eun inc		FIRST LIFE LLC					
SUBJEC	.1:	Name of Lim	Name of Limited Liability Company				
		Amendment and fee(s) are sub	· ·				
		Gregory Mitchell, Esquire	·				
			Name of Person				
		Lorium PLLC					
			Firm/Company				
		197 South Federal Highwa	ay, Suite 200				
			Address				
		Buca Raton, FL 33432					
			City/State and Zip Code				
		Zack@zackthewriter.com	to be used for future annual report noti	(icution)			
For furth	er information o	concerning this matter, please c	·	···ounivity			
		·	561 361-1000				
Oregory Mitchell, Esquire Nume of Person		at ()	e Telephone Number				
Enclosed	is a check for t	he following amount:					
	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	Mailing Addre Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations `allahassee e Street, Suite 810			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SENIORS FIRST LIFE LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company w Florida document number L22000451394	vere filed on 10/19/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the a	bhreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ldress on our records, enter the nan	2022 2022
Name of New Registered Agent:		708
New Registered Office Address:		22. 5 12.28
	Enter Florida street address	
	, Florida	57 X- 57
New Registered Agent's Signature, if changing Registered Agent:	City	. · Zip Cpcy
	and the state of the state of	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, and I am ovided for in Chapter 605, F.S. Or,	familiar with and if this document is

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

Title	Name	Address	Type of Action
MGR	WolfSong investments LLC	30 North Gould Street, Suite N	
		Sheridan, WY 82801	_
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he record ord is filed	specifics a delayed	d effective date, but	not an effective	ime, at 12:01 a.r.	n. on the earlier of:	(b) The 90th day	after the
Date d N	November 15		2022				
Dated		2	_'	 '			
		Signalum	of a member or auti		hua a fi a mara b		-
		Signature (AT A MICHIDGE OF SIM	ionzeo representat	ive of a membel		
	Zack Lewis						