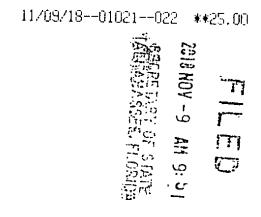
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(A	ddress)	
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Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	-

Office Use Only



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COVER LETTER

Division of C					
Wares C	reck ALF Operating LLC				
30baec1	Name of Lim	ited Liability Company			
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.			
Please return all corre	spondence concerning this matter	to the following:			
	Steven F. Schroeder				
		Name of Person			
	4700 6th Street South	Firm/Company			
	Arlington, VA 22204	Address		•	
	steve@bluecardinalholding	City/State and Zip Code s.com	A STATE OF THE STA	AON 3132	nastypa 4
For further informatio	E-mail address: (n concerning this matter, please ca	to be used for future annual report notificall:	ration)	9	
Steven F. Schroeder		703 408-2663		AH 9: 5	
Nam	e of Person		Telephone Number	: <u>১</u>	
Enclosed is a check fo	r 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 For Certificate of St Certified Copy (additional copy is a	atus &	

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wares Creek ALF Operating LLC		
(Name of the Limited Liab (A Flori	lity Company as it now appears on our records.) da Limited Liability Company))
The Articles of Organization for this Limited Liability	Company were filed on October 30, 2018	and assigned
Florida document number L18000255325	 '	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
1725 Wares Operator LLC		
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		1000 0
Principal office address MUST BE A STREET ADD	ORESS)	
		Carried to Market
		監督 5
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		<u>-</u>
B. If amending the registered agent and/or reg	istered office address on our records.	enter the name of the n
registered agent and/or the new registered office ad	•	***************************************
Name of New Registered Agent:		
N B 1 1005 Alles		
New Registered Office Address:	Enter Florida street address	
	, Flor	rida Zip Code
	Cuy	Lip 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>	Address	Type of Action
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			☐ Remove
			Change
— —			□ Add
			☐ Remove
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