(Re	questor's Name)	
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## **COVER LETTER**

TO:	Registration Second Division of Cor			
CUBI		ng Communications, LLC	.*	
SUBJ	ECT:	Name of Limi	ited Liability Company	<del></del>
7101			· 1 / 1/1	
The er	iclosed Afficies of a	Amendment and fee(s) are sub-	mined for filing.	• .
Please	return all correspon	ndence concerning this matter	to the following:	
		Elliot V. Raj		
			Name of Person	
		Senior Living Communicat	tions, LLC	
			Firm/Company	
		5711 Yeats Manor Drive, S	Suite 302	
			Address	, , , , , , , , , , , , , , , , , , ,
		Tampa, FL 33616		
			City/State and Zip Code	
		elliot@seniortele.com		
		E-mail address: (	to be used for future annual report notifi	cation)
For fu	rther information co	oncerning this matter, please ca	ail:	
Elliot			at () 468-1419 Area Code Daytime	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for th	ne following amount:		
<b>=</b> \$2	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)

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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

(Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  Senior Living Communications, LLC PO Box 130523  Tampa, FL 33616	(Name of the Limit	e <mark>d Liability Compa</mark> (A Florida Limited l	ny as it now appears on our records.) Liability Company)			
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 "LLC."  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 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:   Elliot Raj			were filed on $\frac{0}{3}$	and assigned		
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  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)  Enter new mailing the registered agent and/or registered office address on our records, enter the naffle of the new registered agent and/or the new registered office address here:    Name of New Registered Agent   Elliot Raj	This amendment is submitted to amend the following	owing:				
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)  Enter new mailing the registered agent and/or registered office address on our records, enter the name of the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  New Registered Office Address:  Tampa  Elliot Raj  Tampa  Florida  Florida  Senior Living Communications, LLC  PO Box 130523  Tampa, FL 33616  Enter Florida street address  Enter Florida street address  Florida  Florida  FL 33616	A. If amending name, enter the new name of	the limited liab	ility company here:			
Enter new mailing 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 address on our records, enter the name of the new registered office address here:    Name of New Registered Agent:   Elliot Raj	The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."		
Senior Living Communications, LLC	Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)		Senior Living Communications, LLC			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, registered agent and/or the new registered office address here:    Name of New Registered Agent:   Elliot Raj			5711 Yeats Manor Drive, Suite 302			
PO Box 130523  Tampa, FL 33616  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:  New Registered Office Address:  Tampa  Florida  FL 33616  PO Box 130523  Tampa, FL 33616			Tampa, FL 33616			
PO Box 130523   Tampa, FL 33616	Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Senior Living Communications, LL	.C		
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:   Elliot Raj			PO Box 130523			
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 Λgent:   Elliot Raj			Tampa, FL 33616			
City Zip Code	registered agent and/or the new registered of  Name of New Registered Agent:	Elliot Raj  5711 Yeats Ma	nnor Drive, Suite 302  Enter Florida street address	nter the name of the new		
			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>	Name	Address	Type of Action
Managing	Elliot Raj Revocable Trust	5711 Yeats Manor Dive, #302, Tan	🗏 Add
			□ Remove
			Change
President	Elliot Raj		🗆 Add
		16905 Candeleda De Avila, Tampa 33 6 13	Remove
			Change
			□ Remove
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fan effective date is listed, the date must be specific and cannot be prior to date of filing or more than Note: If the date inserted in this block does not meet the applicable statutory filing required document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, a	(optional)  (optional)  90 days after filing) rements, this date v	Pursuante 6	sted as ti
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Filing Fee: \$25.00