107000064957

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COVER LETTER

TO: Registration Division of C	Section Corporations		
	n Residence Assisted Living, LLG	c	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	Greg Anderson		
		Name of Person	
	A Banyan Residence Assis	sted Living	
		Firm/Company	
	3940 Bay Shore Rd		
		Address	
	Sarasota, FL. 34234		
		City/State and Zip Code	
	greg@timelesslifecare.com	to be used for future annual report notifi	ention)
For further informatio	n concerning this matter, please of		Cinion
Greg Anderson		954 536-4066	
Nam	e of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check fo	r the following amount:		
S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

A Banyan Residence Assisted Living, 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 6/20/2007 and assigned Florida document number L07000064957 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Banyan Residence Assisted Living 1 \ C The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 100 Base Ave E Enter new principal offices address, if applicable: Venice, FL 34285 (Principal office address MUST BE A STREET ADDRESS) 3940 Bay Shore Rd Enter new mailing address, if applicable: Sarasota, FL, 34234 (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: New Registered Office Address: Enter Florida street address _, Florida _

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>	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
		□Change	
			⊡Add
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			☐Change
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
ote: lf	e date, if other than the date of filing:
ecord :	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
ted	02-23-2024 SQU
	Signature of a member or authorized representative of a member