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### **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: SENIOR MANAGEMENT, 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:

RANDI COLEMAN

(Name of Person)

SENIOR MANAGEMENT

(Firm/Company)

5533 EAGLE LAKE DRIVE

(Address)

PAUN BEACH GARDENS, FL 33418

(City/State and Zip Code)

For further information concerning this matter, please call:

RANDI COLEMAN

(Name of Person)

561, 371-0789

(Area Code & Daytime Telephone Number)

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)

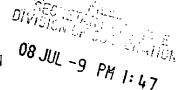
#### MAILING ADDRESS:

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

#### STREET/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



SENIOR MANAGEMENT, 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	1/2/
108000064485	

12/2008 and assigned

This amendment is submitted to amend the following:

RELATIVE ASSISTAN	ICE, LLC	
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Company," th	ne designation "L1,C" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	——————————————————————————————————————	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		ecords, enter the name of the new
	_	
Name of New Registered Agent:		<del>.</del>
		lorida street address)
Name of New Registered Agent:		lorida street address) Florida
Name of New Registered Agent:		·
Name of New Registered Agent:	(Enter F	Florida

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager of Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Title</u> Name | **Address** Type of Action \_ Add Remove **∫** Add Remove \_ Add Remove □ Add Remove Add \_\_\_\_\_\_ Remove 🛅 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) uthorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00