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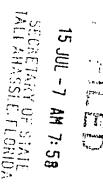
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#### **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT: AV	ALON SENI	ORS HOUSIN	6,LLC.
SUBJECT.		ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	MARYBEL DEFILLO		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	AVALON PARK GROU		
		Firm/Company	Mary and the same of the same
	3680 AVALON PARK EA	AST BLVD.	
		Address	•
	SUITE 300		
		City/State and Zip Code	
	ORLANDO, FL 32828		
	E-mail address: (	to be used for future annual re	port notification)
For further information	concerning this matter, please c	all:	
MARYBEL DEFILLO		407 658- at ()	
Name	of Person	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	□ \$60.00 Filing Fee, Certificate of Status &

(additional copy is enclosed)

MAILING ADDRESS:

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

#### STREET/COURIER ADDRESS:

Certificate of Status & Certified Copy (additional copy is enclosed)

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

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

## AVALON SENIORS HOUSING, 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 Lia	bility Compa	ny were filed on	April 1	15,200	q and assi	gned	
Florida document number <u>L09000366</u>	99		`				
This amendment is submitted to amend the follow	wing:						
A. If amending name, enter the new name of	the limited li	ability company	<u>/ here</u> :				
The new name must be distinguishable and contain the wo	rds "Limited Lia	ability Company," tl	he designation	n "LLC" or the	abbreviation "L.L	C."	
Enter new principal offices address, if applica	ble:						
(Principal office address MUST BE A STREET	(ADDRESS)				<u> </u>		
					AHASS HASS	ca t	
Enter new mailing address, if applicable:				70 <b>A</b>	E .		
(Mailing address MAY BE A POST OFFICE B	(OX)				F 5 7	(Acres	
B. If amending the registered agent and/o registered agent and/or the new registered offi			on our re	ecords, <u>ente</u>		f the ne	<u>:w</u>
Name of New Registered Agent:	<u>γ</u>	1arybel Avalon Enter	De	fillo			
New Registered Office Address:	3680	Avalon	Pork	East	Blud,	Stc-	300
- -		Enter	Florida street	address	<b>.</b>	-	
		Drland	<u> </u>	, Florida _	3282 Zip Code	<u> </u>	
N 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					Zip Code		
New Registered Agent's Signature, if changing Re							
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the re	r and comple tered agent a	te performance s provided for i	of my duti n Chapter	ies, and I am 605, F.S. Oi	familiar with	and nent is	е

Page 1 of 3

If Changing Registered Agent, Signature of New Regis

company has been notified in writing of this change.

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 Address Type of Action Name AMBR Kahli Holdings USA, Inc. Kahli Holdings USA, Inc. Add 3680 Avalon Park East Blud. Ste. & Remove Orlando, FL 32828 - Change AMBR Beajill Senior Holding, LLC. Beajill Senior Holding, LLC. MAdd 3680 Avalon Rack East Blud. Sta Remove Orlando, FL 32828 Change MGR Marybel Defillo Marybel Defillo MAdd 3680 Avalon Palk East Blud., Ste. 300 Remove Orlando, FL 32828 □ Add □ Remove □ Change \_□ Add □ Remove ☐ Change □ Add □ Remove

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The 90th	specifies a d n day after t	the record	is filed.			effective	e time, a	t 12:01 a.	m. on the	e earlie	ero
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Filing Fee: \$25.00