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D. BRUCE

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EXAMINER

COVER LETTER

Registration Section

TO:

Division of C	orporations					
SUBJECT:	ASLI-C	elebration, LLC				
	Name of Lim	ited Liability Company		-		
The enclosed Articles of	of Amendment and fee(s) are sui	bmitted for filing.				
Please return all corresp	pondence concerning this matter	r to the following:				
		Kerry Bingaman				
Name of Person						
America's Business Manager						
Firm/Company				_		
2435 First Avenue North						
Address				- \$\sum_{co}	0	
	St.	Petersburg, FL 33713		ECHE LLA	09 NOV 20	77
		City/State and Zip Code		TARY	/ 20	
	K.bingaman E-mail address: (@autumnseniorproperties.com to be used for future annual report notificati	n on)	7 OF		
For further information	concerning this matter, please of	eall:	. •	F STATE	AH II: 25	D
1	Robert Ross	at (813)	6 9005	Ďmi A	വ	
Name	of Person	Area Code & Daytime Te	lephone Numb	er	-	
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)	Certifie	filing Fee cate of St ed Copy onal copy	tatus &	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns Circle			

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AS	SLI-Celebration				
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appea Limited Liability Company)	rs on our records.)			
The Articles of Organization for this Limited Liability	Company were filed on	10/13/2009	and assigned		
Florida document number L09000098584	·				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lin	nited liability company he	<u>re</u> :			
The new name must be distinguishable and end with the wo	ords "Limited Liability Comp	any," the designation "L	LC" or the abbreviation		
Enter new principal offices address, if applicable:		7-	09 SEC		
(Principal office address MUST BE A STREET ADD	RESS)	<u> </u>	हिं हैं ग		
		S	20 E		
		्रिंग स	유 로 [[]		
Enter new mailing address, if applicable:			S = D		
(Mailing address MAY BE A POST OFFICE BOX)			25		
B. If amending the registered agent and/or regis		our records, enter th	e name of the new		
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
		, Florida			
	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member Title Name **Address Type of Action** MGRM AUTUMN CARE, INC 2435 FIRST AVENUE NORTH ☐ Add ST. PETERSBURG FL 33713 US Remove MGRM AMERICA'S BUSINESS M 2435 FIRST AVENUE NORTH ☐ Add St. PETERSBURG FL 33713 US MGRM TRINLEY CORP 3315 FOXRIDGE CIR ☐ Add TAMPA FL 33618 US Autumn Senior Living MGRM ✓ Add 2435 FIRST AVENUE NORTH ST. PETERSBURG FL 33713 US Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessar November 16 2009 Dated ___ Signature of a member or authorized epresentative of a member Kerry Bingaman

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee