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SECRETARY OF STATE
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COVER LETTER

Registration Section

TO:

Division of Cor	porations		
	operty Management, LLC		
Sobsect.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Beth Dilley Olwert		
		Name of Person	
	Ascendia Property Managr	ment, LLC	
		Firm/Company	
	5127 Ocean Blvd.		
		Address	
	Sarasota, FL 34242		
	Beth@ascendiagroup.com	City/State and Zip Code	
	= :	to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Beth Dilley Olwert		941 400-1322 at ()	
Name o	Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 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 Addres Registration S		<u>Street Address:</u> Registration Se	ection
Division of Corporations		Division of Corporations The Centre of Tallahassee	
P.O. Box 632 Tallahassee, I			nanassee be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION ILED OF

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Ascendia	Prope	rv Mana	gement.	LL	.C

SECRETARY OF STATE

(Name of the Limited Liability Company as it now appears on the records SEE, FL (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on November 10, 2010 ___ and assigned Florida document number L0000117130 This amendment is submitted to amend the following: 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 "L.L.C." 5127 Ocean Blvd Enter new principal offices address, if applicable: Sarasota, FL 34242 (Principal office address MUST BE A STREET ADDRESS) Same as above 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: 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 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>	Address	Type of Action
MGR	Beth Dilley Olwert	5127 Ocean Blvd, Sarasota, FL, 34242	□Add
			□Remove
		New married name	≣ Change
MGR —	Andrew W. Olwert	5127 Ocean Blvd, Sarasota, FL, 34242	≣ Add
			🗆 Remove
			□Change
			□Add
			□Remove
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		 	□Remove
			□Change

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(If an eff Note:	ive date, if other than the date of filing:
e recor	d 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 led.
Dated	March 31 2022
	Betri Della Co
	Signature of a member or authorized representative of a member

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