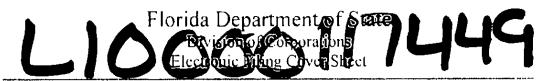
6/1/22, 9:11 AM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220001914263)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	_	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EVERGREEN LIFESTYLES MANAGEMENT, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

2022 JUN - 1

Electronic Filing Menu Corporate Filing Menu

Help

JUN - 1 2022

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) hability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.10000117449	were filed on NOVEMBER 10, 2010	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company." the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		<del></del>
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the nar	ne of the new registere
		322
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Aggress.	Enter Florida street address	PH D
	Florida	<u>-</u> ယ
	Ciţ	Zip Code—
New Registered Agent's Signature, if changing Registered Agent		

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

Page: 4 of 5

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	TAN3, LLC	10401 DEERWOOD PARK BLVD.	□Add
		SUITE 2130	≣Remove
		JACKSONVILLE, FL 32256	□Change
AMBR	ELM Destinations, LLC	10401 DEERWOOD PARK BLVD.	<b>□ A.1.1</b>
		SUITE 2130	
		JACKSONVILLE, FL 32256	Change
			□Remove
			☐ Change
			DAdd
			Remove
			□Change
<del></del>			
			□ Remove
			☐ Change
			□Remove
			□Change

<u></u>			
	· · · · · · · · · · · · · · · · · · ·		
-	<u> </u>		
	<del></del>		
<del> </del>			<u> </u>
Note: If the date inserted in thi	the date of filing:  must be specific and cannot be prior to s block does not meet the applica e Department of State's records.	able statutory filing requirem	(optional) days after filing.) Pursuant to 605.0207 itents, this date will not be listed as (
e record specifies a delayed effe rd is filed	ctive date, but not an effective tin	ne, at 12:01 a.m. on the earl	ier of: (b) The 90th day after the
Dated JUNE 1	2022		
	Signature of a member of autho	Tized representative of a memb	er
Chais ONLAIT			
Chris O'Neill	Typed or printe	d name of signee	_ <del></del>