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SECRETARY OF STATE
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COVER LETTER

TO: Registration Section **Division of Corporations** SUBJECT: AVALON SH 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: MARYBEL DEFILLO Name of Person AVALON PARK GROUP Firm/Company 3680 AVALON PARK EAST BLVD. Address SUITE 300 City/State and Zip Code ORLANDO, FL 32828 E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MARYBEL DEFILLO Daytime Telephone Number Name of Person Enclosed is a check for the following amount: \$30.00 Filing Fee & Certificate of Status □ \$25.00 Filing Fee □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,

Certified Copy

(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 SH MA | NAGEM | ENT, LLO | C . | | | | |
|---|--|--|--------------|-------------------|------------------|--|---|
| AVALON SH MA) (Name of the Limited Lia (A Flo | bility Compan orida Limited Li | y as it now appear ability Company) | rs on our re | cords.) | | | |
| The Articles of Organization for this Limited Liabilit Florida document number <u>L130000 30310</u> | y Company v | | | | 3 and a | ssigned | |
| This amendment is submitted to amend the following | ç: | | | | | | |
| A. If amending name, enter the new name of the | limited liabil | ity company he | ere: | | 15 . SEC | | |
| The new name must be distinguishable and contain the words " | Limited Liabilit | y Company," the d | esignation ' | 'LLC" or the | abbreviation " | L.L.C. | _ , |
| Enter new principal offices address, if applicable: | | | | | ASE - | £ | _ |
| (Principal office address MUST BE A STREET AD | DRESS) | | | | E P | No. of Concession, Name of Street, or other Persons, Name of Street, or ot | <u></u> |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | <u>.</u> | | | | S ATE FLORIDA | | <u>, </u> |
| B. If amending the registered agent and/or re- registered agent and/or the new registered office a | | | our rec | ords, <u>ente</u> | r the name | e of the | new |
| Name of New Registered Agent: | | marybe | d i | Jef111 |) | | _ |
| New Registered Office Address: | 3680 | Marybe Avalue Enter Flor | Park | East | Blad | Stc | <u>3</u> ඨර |
| | 7 | City | aa sireel al | Elorido | 328 | 35 | |
| _ | | City | | , FIOTIGA _ | Zip Code | 2 | _ |
| Many Designational Assertic Cimpatons (Calcaration Design | | | | | | | |

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.

f Changing Registered Agent, Signature of New Registered Agent

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** Name Address Type of Action AMBR Kahli Holdings USA, Inc. Kahli Holdings USA, Inc. Add 3680 Avalon Park East Blud. Str. 300 KRemove Orlando, FL 32828 Change Beajill Senior Holding, LLC. Beajill Senior Holding, 2LC. MAdd AMBR 3680 Avalon Park East Bled Remove Orlando, FL 32828 _ Change MGR Marybel Defillo Marybel Defillo MAdd 3680 Avalon Park East Blud. Ste. 300 Remove Orlando, FL 32828 Change _□ Add □ Remove ☐ Change FUT CAME □ Remove _□ Change

| flective date, if other than the date of filing: (optional) an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Purs of the date inserted in this block does not meet the applicable statutory filing requirements, this date will rocument's effective date on the Department of State's records. | |
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| Signature of a member or authorized representative of a member | |

Page 3 of 3

Filing Fee: \$25.00