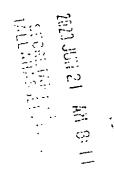
## L130000 78833

| (Requestor's Name)                      |     |
|---|-----|
| (Address)                               |     |
| (Address)                               |     |
| (City/State/Zip/Phone #)                |     |
| PICK-UP WAIT M                          | AlL |
| (Business Entity Name)                  |     |
| (Document Number)                       |     |
| Certified Copies Certificates of Status |     |
| Special Instructions to Filing Officer: |     |
|   |     |
| J. HORNE                                |     |
| JUN 2 2 2023                            |     |
| J. HORNE<br>JUN 2 2 2023                |     |

Office Use Only



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THOEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO. :  | 12000000195    |
|--|----------------|
| REFERENCE :  | 827111 7144145 |
| AUTHORIZATION :  |                |
| COST LIMIT :   | C\$755100Reman |
| ORDER DATE : June 21, 2023   |                |
| ORDER TIME : 2:19 PM   |                |
| ORDER NO. : 827111-020   |                |
| CUSTOMER NO: 7144145   |                |
| COSTONER NO. 7144145   |                |
| DOMESTIC AMENDA  | MENT FILING    |
| NAME: BANYAN SOBER LIVI  | NG V LLC       |
| EFFECTIVE DATE:  |                |
| XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORA            | RATION         |
| PLEASE RETURN THE FOLLOWING AS PRO                                 | OF OF FILING:  |
| CERTIFIED COPY  XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING | NG             |
| CONTACT PERSON: Alexxis Weiland-so                                 | orenson EXT#   |

EXAMINER'S INITIALS:

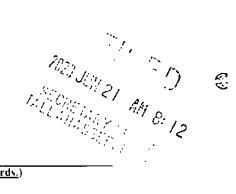
## DocuSign Envelope ID: E1F5BBD5-B9DA-4419-A378-B51EA2DFDC6D COVER LETTER

Tallahassee, FL 32314

| TO: Registration So<br>Division of Co      |  |   |   |
|--|--|---|---|
|  | ber Living V LLC                             |   |   |
| SUBJECT:                                   | Name of Lim                                  | ited Liability Company  | · <del></del>   |
|  |  |   |   |
| The enclosed Articles of                   | Amendment and fee(s) are sub                 | mitted for filing.  |   |
| Please return all correspond               | ondence concerning this matter               | to the following:   |   |
|  | Joseph Tuttle                                |   |   |
|  |  | Name of Person  |   |
|  |  | Firm/Company  |   |
|  | 225 N Federal Hwy, 8th F                     | loor  |   |
|  |  | Address   |   |
|  | Pompano Beach, FL 3306.                      | 2   |   |
|  |  | City/State and Zip Code   | <del></del>   |
|  | jtuttle@banyancenters.com                    |   |   |
|  |  | to be used for future annual repo                               | ort notification)   |
| For further information of                 | concerning this matter, please co            | alt:  |   |
| Joseph Tuttle                              |  | at ( )  |   |
| Name o                                     | of Person                                    | Area Code [   | Daytime Telephone Number  |
| Enclosed is a check for t                  | he following amount:                         |   |   |
| □ \$25.00 Filing Fee                       | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed | ☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address Registration Division of C | Section                                      | Street Addre<br>Registratio                                     |   |
| P.O. Box 632                               |  |   | e of Tallahassee  |

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## DocuSign Envelope ID: E1F5BBD5-B9DA-4419-A378-B51EA2DFDC6D ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



Banyan Sober Living V 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 L  | iability Company   | were filed on $\frac{5/31/20}{1}$         | and assigned  |  |
|--|--|---|---|--|
| Florida document number L13000078833   | ·  |   |   |  |
| This amendment is submitted to amend the following   | lowing:  |   |   |  |
| A. If amending name, enter the new name o  | of the limited liab  | ility company here:                       |   |  |
| Founders Sober Living V LLC  |  |   |   |  |
| The new name must be distinguishable and contain the   | words "Limited Liabi                                       | lity Company," the design                 | nation "LLC" or the abbreviation "L.L.C."                                 |  |
| Enter new principal offices address, if applicable:  |  | 225 N Federal Hwy, 8th Floor              |   |  |
| (Principal office address MUST BE A STREI  |  | Pompano Beach, FL                         | . 33062   |  |
|  |  | <del></del>                               |   |  |
|  |  |   |   |  |
| Enter new mailing address, if applicable:  |  |   |   |  |
| (Mailing address MAY BE A POST OFFICE  | BOX)   |   |   |  |
|  |  |   |   |  |
| B. If amending the registered agent and/or agent and/or the new registered office addressed agent.  Name of New Registered Agent:  |  | address on our recor                      | ds, enter the name of the new registere                                   |  |
| New Registered Office Address:   | 225 N Federal  | Hwy, 8th Floor                            |   |  |
| Negistered Office Address.   | Enter Florida street address                               |   |   |  |
|  | Pompano Beac   | h   | , Florida 33062   |  |
|  |  | City                                      | Zip Code  |  |
| New Registered Agent's Signature, if changing  | Registered Agent:  |   |   |  |
| I hereby accept the appointment as registere<br>provisions of all statutes relative to the prop<br>accept the obligations of my position as reg<br>being filed to merely reflect a change in the<br>company has been notified in writing of this | er and complete<br>istered agent as p<br>registered office | performance of my<br>provided for in Chap | duties, and I am familiar with and oter 605, F.S. Or, if this document is |  |
|  | If Chai  | nging Registered Agent.                   | Signature of New Registered Agent   |  |

DocuSign Envelope ID: E1F5BBD5-B9DA-4419-A378-B51EA2DFDC6D in amending Authorized rerson(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          | Joseph Tuttle | 225 N Federal Hwy, 8th Floor | <b>■</b> Add   |
|              |               | Pompano Beach, FL 33062      | □ Remove       |
|              |               |                              | □ Change       |
|              |               |                              | □ Add          |
|              |               | <del></del>                  | □Remove        |
|              |               | <del></del>                  | □ Change       |
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|  |                     |                  |   |  |   |
| Effective date, if other than the an effective date is listed, the date in Note: If the date inserted in this document's effective date on the | olock does not meet | t the applicable | late of filing or more<br>e statutory filing re | (optiona<br>than 90 days after fili-<br>equirements, this da | ol)<br>ng.) Pursuant to 605.0207<br>ite will not be listed as |
| record specifies a delayed effect<br>d is filed.   | ve date, but not an | effective time   | , at 12:01 a.m. on t                            | the earlier of: (b)  | The 90th day after the  |
| June 13<br>Dated   |                     | 2023             |   |  |   |
| Jaicu  |                     |                  |   |  |   |
| Onsectioned by:  |                     |                  |   |  |   |
| Describered by.  |                     | nber or authoriz | ed representative of                            | a member   |   |

Filing Fee: \$25.00