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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

SUBJECT:	sted Living, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Thomas A. Dentinger		
		Name of Person	<u>-</u>
	Lithia Assisted Living, LL	.C	
		Firm/Company	
	3418 Beech Trail		
		Address	
	Clearwater, FL 33761		
		City/State and Zip Code	
	tdentinger@tampabay.rr.co		
	E-mail address: (to be used for future annual repor	t notification)
For further information c	oncerning this matter, please c	all:	
		at ()	
Name o	f Person	Area Code Da	aytime 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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Addres	
Registration S Division of C		Registration Division of	i Section Corporations
P.O. Box 632			of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



NELSON MULLINS RILEY & SCARBOROUGH LLP ATTORNEYS AND COUNSELORS AT LAW

4140 Parklake Avenue GlenLake One | Second Floor Raleigh, NC 27612 T 919.329.3800 F 919.329.3799 nelsonmullins.com

September 30, 2020

Florida Department of State Registration Section – Division of Corporations PO Box 6327 Tallahassee, FL 32314

To Whom it May Concern:

Enclosed please find executed Articles of Amendment to Articles of Organization removing River Springs AL-MC, LLC as manager, removing GF-River Springs, LLC as member and replacing both with River Springs AL-MC II, LLC as manager and Boyette Members, LLC, as member, respectively. I am also enclosing a check in the amount of \$25.00 to cover the filing fee. Please return acknowledgement of filing to my attention at the following address:

Nelson Mullins Riley & Scarborough Attn: Rachel Bunday 4140 Parklake Ave., Suite 200 Raleigh, NC 27612 (919) 329-3834

Please let me know if you have any questions.

Regards,

Rachel Bunday

Assistant to Cathy M. Rudisill

Well Burlay

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lithia Assisted Living, LLC

DD Pri 1-5 (01.9:23

(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our record mited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Con	npany were filed on 5/28/2015	and assigned
Florida document number L15000093730		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	1.iability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered or agent and/or the new registered office address here:	ffice address on our records, <u>enter</u>	the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres:	Y
	. Flo	orida
	City	orida

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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	River Springs AL-MC II, LLC	3418 Beech Trail	≘ Add
		Clearwater, FL 33761	□Remove
			□Change
MGR	River Springs AL-MC, LLC		□Add
			≣Remove
			□ Change
AMBR	Boyette Members, LLC	c/o Equity Multiple, Inc.	■Add
		41 Madison Ave., 35th Floor	🗆 Remove
		New York, NY 10010	□Change
AMBR	GF-River Springs, LLC		
			■Remove
			Change
			□ Add
			□Remove
			Change
	<u> </u>		□Add
			□Remove
			□ Change

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ivote:	ive date, if other than the date of filing:
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e recor rd is fil	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. SEPTEMBER 30,
e recor rd is fil	2020
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Filing Fee: \$25.00