## L15000101307

(Address) (Address) (City/State/Zip/Phone #) PICK-UP VAIT MAIL (Business Entity Name) (Document Number) rtified Copies Certificates of Status pecial Instructions to Filing Officer pecial Instructions to Filing Officer	(Requestor's Name)	—
(City/State/Zip/Phone #)	(Address)	
PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  ntified Copies Certificates of Status  pecial Instructions to Filing Officer	(Address)	
(Business Entity Name) (Document Number) nufied Copies Certificates of Status	(City/State/Zip/Phone #)	
(Document Number)		
rtified Copies Certificates of Status	(Business Entity Name)	
pecial Instructions to Filing Officer	(Document Number)	
	ertified Copies Certificates of Status	
Office Use Only	Special Instructions to Filing Officer	
Office Use Only		ŀ
Office Use Only		
Office Use Only		
	Office Use Only	
	Since Ose Only	



10/13/20--01001--012 \*\*25.00



> رت درم

[]] 3: []]

.

C. GOLDEN OCT 1 3 Z029

Advanced Incorporating Service
1317 California Street Phone: 850-222-CORP P.O. Box 20396 Fax: 850-575-2724 Tallahassee, FL 32316 Email: orders@aisincfl.com Website: <u>www.aisincfl.com</u>
Prime Income Propertiel - Aspen Terrace CLC
FOR OFFICE USE ONLY
PICK ONE:
FILING:
CORPORATIONLLCLIMITED PARTNERSHIPGENERAL PARTNERSHIP
CENTRONELECELECTION ANDCENTRED FARTHERSHIP
FOREIGN QUALIFICATIONJUDGMENT LIEN
OTHER
RETRIEVAL:
GOOD STANDING CERT/C.U.SCERTIFIED COPYPHOTOCOPY
Of
APOSTILLE/CERTIFICATION REQUEST:
Country
Amount of Documents
DATE 10/12/20 TIME
Notes:

**4** 

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Prime Income Properties - Aspen Terrace, I		<b>r</b>	20 01 3:01
( <u>Name of the Limited Liabi</u> (A Flori	lity Company as it now appears on ( da Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Florida document number 1.15000101307		2015	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lir	nited liability company here:		
LIFE - Aspen Terrace, LLC			
The new name must be distinguishable and contain the words "Li	mited Liability Company," the design	ation "LEC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		·
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	<u> </u>	<u></u>	
B. If amending the registered agent and/or register agent and/or the new registered office address here.		ds. <u>enter the nam</u>	<u>e of the new registered</u>
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida st	treet address	
		, Florida	
	City		Zip Code

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>	Name	Address	<u>Type of Action</u>
<u> </u>			ƏAdd
			□ Remove
			🗆 Change
	<u>.                                    </u>		🗆 Add
			□Add
		- <u></u>	
		·	Change
			DAdd
			🗍 Remove
			🗆 Add
			[] Remove
		·····	[]Change
			□ □Add
			[] Change

**D.** If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

· · · ·

ffective 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.) Pursuant to 605.0207 (3) <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the locument's effective date on the Department of State's records.
record 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 d is filed.

Dated _	October 12	2020
	Clifford Hun	+
	Signature of a n	nember or authorized representative of a member
	Clifford J. Hunt, Esquire	

Typed or printed name of signce