Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 : (561)694-8107 Phone : (561)214-8442 Fax Number

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 PREMIER ESTATES 509, LLC

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- 05/26/2022 8:38 AM

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

→ 18506176383

PREMIER ESTATES 509, LLC	and the same and t			
(Name of the Limited Liability Compar (A Florida Limited L	lability Company)			
The Articles of Organization for this Limited Liability Company of Florida document number <u>L15000201128</u>	were filed on 12/02/2015	and assigned		
This amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." The new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) The new mailing address, if applicable: Address MAY BE A POST OFFICE BOX The new mailing address MAY BE A POST OFFICE BOX The new mailing address on our records, enter the name of the new registered and the new registered address on our records, enter the name of the new registered.				
A. If amending name, enter the new name of the limited liabi	lity company here:			
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the ab	breviation "L.L.C."		
Enter new principal offices address, if applicable:	7439 Merchant Ct			
Laborated Bonds El 14210				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the nan	ne of the new registered		
Name of New Registered Agent:		22		
New Registered Office Address:	Enter Florida street address	AY 26 PA		
	, Florida	=Zip Code=		
New Registered Agent's Signature, if changing Registered Agent:		54		

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 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	Type of Action
Member	GREENSIDE HEALTHCARE PROPERTIES, LLC	7439 Merchant Ct	
		Lakewood Ranch, FL 34240	□Remove
			■ Change
			□ Add
			Remove
			☐ Change
			□Add
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record sp Lis filed.	ecifies a delayed e	ffective date, bu	ut not an effective	time, at 12:01 a.:	m. on the earlier of	: (b) The 90th day a	fter the
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ated Ma		Signature	of a member or aut	•			