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2023 MAY -1 AM 98 08
SECRETARY OF STATE
TALLAHASSEE, PLORIDA



COVER LETTER

Division of Corporations		
SUBJECT: Innovation	Senior Manageme	ent Holdings, LL
The enclosed Articles of Amendment and fe	ee(s) are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
	Name of Person	
	nnovation Senior	Living
94	1 W. Morse Blu Address	1d Svite 100
W	Inter Park, FL	32789
- Е-т	Address Inter Park, FL City/State and Zip Code PCarvaial Connection The point of State and Code Connection of State and Code Code of State and C	OVATIONS 1. COM notification)
For further information concerning this man		
Pilar Carvaja Nama of Person	at (305) 4	28-2480 ytime Telephone Number
Enclosed is a check for the following amount	nt:	
\$25.00 Filing Fee \$30.00 Filing Certificate		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address	<u>s:</u>

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO: Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nnovation S	UNION Y ANGOM	rent Holdings, Ll
(A Florida	a Limited Liability Company)	, ,
The Articles of Organization for this Limited Liability C	company were med on	ol6 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
		2023 NA SECIRE
Enter new mailing address, if applicable:		>
(Mailing address MAY BE A POST OFFICE BOX)		SEC - :
B. If amending the registered agent and/or registere	d office address on our records, ent	er the name of the Rw registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	ress
	1	Florido
	City	Florida Zip Code
	-3 AA-	

New Registered Agent's Signature, if changing Registered Agent:

١

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
MOR	Innovation Senior Living, LLC	941 W. Morse Blud Suite 100 Winter Park Fr 32780	X Add
	LIVING, LLC	Winter Park F2 32780	<u>}</u> □Remove
			□Change
MBR	Pilor Carvojal	941 W. Morse Blvd Suiteroo Winter Park, F2 3278	□Add
		Winter Park, F2 3278	9 ARemove
			□ Change
			□Add
			□Remove
			□ Change
			□Add
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			□Remove
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			□Remove
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Effective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be Note: If the date inserted in this block does not meet the applications of State's recomment's effective date on the Department of State's recomment.	/ 1 / 2 0				
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record specifies a delayed effective date, but not an effecti	ve time, at 12:0	l a.m. on the	earlier of: (b)	The 90th	day after th
is filed.					
ated 4/24/2023	, .				
				SEC SEC	2023
Signature of a member or	authorized repres	sentative of a m	ember	<u>₽3</u>	2023 MAY -
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Pilar (Typed or	a(V016	signee		<u>mc</u>	<u> </u>

Filing Fee: \$25.00