L17000122113

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COVER LETTER

TO: Registration Division of (n Section Corporations	
ALID ID AD	roup Home	
	Name of Limited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are submitted for filing.	
Please return all corre	espondence concerning this matter to the following:	
	Shenetha Hunter	
	Name of Person	
	Firm/Company	
	1506 Sandy Lane	
	Address	
	Clearwater, FI 33755	
	City/State and Zip Code snhgrouphome@gmail.com	
	E-mail address: (to be used for future annual report notification)	
For further information	on concerning this matter, please call:	
Shenetha Hunter	727 512-1950	
Nar	ne of Person Area Code Daytime Telephone Number	_
Enclosed is a check for	or the following amount:	
□ \$25.00 Filing Fee	Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is	Status & y

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SNH GROUP HOME LLC			
(Name of the Limit	ed Liability Compa (A Florida Limited I	ny as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Li Florida document number L17000122113	ability Company	were filed on June 05, 2	and assigned
This amendment is submitted to amend the following	owing:		49 4
A. If amending name, enter the new name of	f the limited liab	ility company here:	EC-4
The new name must be distinguishable and contain the w	ords "Limited Liabil	ity Company," the designation	on "LLC" or the abbreviation "L.L.
Enter new principal offices address, if applic	able:		700
(Principal office address MUST BE A STREE	T ADDRESS)		ORIGINA 30
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
B. If amending the registered agent and/ registered agent and/or the new registered of			records, enter the name of the new
Name of New Registered Agent:	Terrance Willia	ims	
New Registered Office Address:	2734 King Parl	POIL DIVE	a address
	Largo		33771
		City	, Florida ³³⁷⁷¹ 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>	<u>Name</u>	Address	Type of Action
AP	Debra Gibson	4104 VESSEL CT	□ Add
		KISSIMMEE, FL 34746	■ Remove
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Page 3 of 3

Filing Fee: \$25.00