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COVER LETTER

Registration Section Division of Corporations

TO:

| SUBJECT: Grace Horizon Assisted Living Facility LLC Name of Limited Liability Company |
|--|
| The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: |
| Brenda D Ware Name of Person |
| Grace Horizon ALF LLC Firm/Company |
| 8973 NW 53rd Street |
| COPAL Springs FT 33067 City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: |
| For further information concerning this matter, please call: |
| Brenda D. Wane at (863) 585 -8509 = Area Code Daytime Telephone Number : 09 |
| Enclosed is a check for the following amount: |
| ■ \$30.00 Filing Fee |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 |

Tallahassee, FL 32303

'ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

| The Articles of Organization for this Limited Liability Company wer | re filed on 12/01/201 | 17_ and assig | gned |
|--|--|-------------------|--------------|
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liability The new name must be distinguishable and contain the words "Limited Liability Contains the words" "Limited Liability "Liability Contains the words" "Limited Liability "Liability "Liability "Liability "Liability "Liability" "Liability "Liability "Liability" "Liability "Liability" "Liabil | ntation Assista | abbreviation "L.L | Facili |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | | |
| B. If amending the registered agent and/or registered office add agent and/or the new registered office address here: | ress on our records, <u>enter the na</u> | ime of the new | registered |
| Name of New Registered Agent: | , <u> </u> | | <u>्यम्</u> |
| New Registered Office Address: | Enter Florida street address , Florida | 2 | 177) 177) |
| | City . Florida _ | Zip Code | |
| New Registered Agent's Signature, if changing Registered Agent: | | 9 | |
| | | | |

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 |
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| ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more to | (optional) than 90 days after filing.) Pursuant to 605 02 |
| te: If the date inserted in this block does not meet the applicable statutory filing re- nument's effective date on the Department of State's records. | equirements, this date will not be listed |
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| cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the filed. | he earlier of: (b) The 90th day after th |
| ed 4/6 . 2021. | |
| | |

Filing Fee: \$25.00