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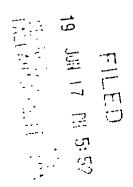
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JUN 2 7 2019 S. YOUNG

COVER LETTER

		,	
SUBJECT:	Sen ior f	ited Liability Company	ns LCC
The enclosed Article	Name of Vimiled Liability Company Articles of Amendment and fee(s) are submitted for filing. Il correspondence concerning this matter to the following: Second Second		
Please return all corr	espondence concerning this matter	to the following:	
	Jol	In Czirnyj	Devil Kathe
		Senior Heal	H. Plus
	2149	SE Ocean	Blud.
	Stu	art EL	34996
	E-mail address: (icapion)
For further informati			
John Czorn Na	David Kafl.		9 - 8989 Telephone Number
Enclosed is a check f	or the following amount:		
₩ \$25.00 Filing Fe	e S30.00 Filing Fee &		Certificate of Status &

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

Senin Hea	1th Plan	. 266
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on ited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Comp.	any were filed on	1/26/18 and assigned
Florida document number <u>L 18000 / 05 95 6</u> .	,	,
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited l</u>	liability company here:	
·		
The new name must be distinguishable and contain the words "Limited L	liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		Ξ: φ
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<u>*</u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address Name of New Registered Agent:		r records, <u>enter the name of the ne</u>
New Registered Office Address:	Enter Florida s	treet address
		Florida
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and compl accept the obligations of my position as registered agent being filed to merely reflect a change in the registered off company has been notified in writing of this change.	lete performance of my as provided for in Chap	duties, and I am familiar with and oter 605, F.S. Or, if this document is
<u>ILC</u>	Changing Registered Agent,	Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being addedor removed from our records</u>:

MGR = Manager AMBR = Authorized Member Type of Action Title Name <u>Address</u> AMBR John Czurnyj 2149 SE Deun Dr. __ Add Strait F-6 34996 PRemove ☐ Change AMBR Parl Kaflic 2149 SE Ocean D1 - Add Stan 1 F- L 3 4996 PRemove ☐ Change MGRM Jihn Czorny Add ☐ Remove ☐ Change MCRM David Kat lie ⊠k∕Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change \square Add ☐ Remove

☐ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
	
(If an e Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	1_6/13 12619
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00