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COVER LETTER

TO: Registration So Division of Cor			
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SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Tamyra Edwards		
		Name of Person	
		Firm/Company	
	PO Box 816314		
		Address	
	Hollywood, FL 33081		
	<u> </u>	City/State and Zip Code	
	Tammy2922@gmail.com		···
For further information c	n-mail address: (concerning this matter, please c	to be used for future annual report not all:	incation)
Tamyra Edwards		954 290-7031	
Name o	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

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

IVYPOINTE ALF, LLC						
(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	ny as it now appears on our records.) Liability Company)					
he Articles of Organization for this Limited Liability Company	were filed on 06/13/2018	and assigned				
lorida document number L18000145917						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liab	ility company here:					
he new name must be distinguishable and contain the words "Limited Liabi"	lity Company," the designation "LLC" o	r the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:	1500 NW 8th Ave					
Principal office address MUST BE A STREET ADDRESS)	Ft. Lauderdale, FL 33311					
		S 8 -5				
inter new mailing address, if applicable:						
Mailing address MAY BE A POST OFFICE BOX)		7/ 0				
 If amending the registered agent and/or registered of egistered agent and/or the new registered office address her 		enter the name of the				
Name of New Registered Agent:						
New Registered Office Address:						
	Enter Florida street address					
	, Flori					
	City	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 Title Name Address Type of Action □ Add _□ Remove _□ Change ☐ Remove _ Change _□ Remove ☐ Change 13 Remove ☐ Add □ Remove □ Change □ Remove

☐ Change

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Filing Fee: \$25.00