L20000 199 386

| (Requestor's Name) | | | |
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| (Address) | 000384588570 | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| (Business Entity Name) | 06/07/2201044004 ++25.00 | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | 2022 JUR - 7 | | |
| Special Instructions to Filing Officer: | 7 PH 4: 49 | | |
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| SUBJEC | ćт. | Ageility Se | nior Living Advisors L.L.C. | | |
| SUBJEC | C I i | | Name of Lim | ited Liability Company | |
| The encl | losed | Articles of | Amendment and fee(s) are sub | emitted for filing | |
| | | | endence concerning this matter | • | |
| | | | Jacqueline Quiroga | | |
| | | | | Name of Person | |
| | | | ZenBusiness INC | | 2022 |
| | | | | Firm/Company | 9022 JUN -7 2022 JUN -7 |
| | | | 5511 Parkerest Drive STE | 103 | -1 |
| | | | | Address | |
| | | | Austin, Texas, 78731 | | |
| | | | | City/State and Zip Code | — Fin f 9 |
| | | | fulfillment@zenbusiness.cc | • | |
| | | | E-mail address: (| to be used for future annual report notification) | <u></u> |
| For furth | ner in | formation co | oncerning this matter, please c | all: | |
| Jacqueli | ine Q | uiroga c/o Z | ZenBusiness INC | 844 493-6249 | |
| | | Name of | f Person | at () Area Code Daytime Telephone N | Number |
| 12 1 | , , | | 6 N | | |
| | | | ne following amount: | | |
| ≡ \$ 25. • | .00 F | iling Fee | □ \$30.00 Filing Fee & Certificate of Status | Certified Copy Ce (additional copy is enclosed) Ce |).00 Filing Fee, ertificate of Status & ertified Copy kiditional copy is enclosed) |
| | \1 -' | lt 4 J J | - | Samuel 2.22 | |
| | | ling Addressistration S | | Street Address: Registration Section | |
| | Div | ision of C | orporations | Division of Corporations | |
| | P.O | Box 632 | 7 | The Centre of Tailahassee | : |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Ageility Senior Living Advisors L.L.C. | المناه ال |
|---|--|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited I | nv as it now appears on our records.) |
| The Articles of Organization for this Limited Liability Company Florida document number $\frac{L20000199386}{L20000199386}$. | were filed on 07/10/2020 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liab | ility company here: |
| Agility Senior Living Advisors L.L.C. | |
| The new name must be distinguishable and contain the words "Limited Liabil | lity Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 6139 55th Avenue Circle E |
| (Principal office address MUST BE A STREET ADDRESS) | Bradenton, FL 34203 |
| | |
| Enter new mailing address, if applicable: | 801 S. Financial Place |
| (Mailing address MAY BE A POST OFFICE BOX) | Unit 1904 |
| | Chicago, II. 60605 |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | address on our records, <u>enter the name of the new registered</u> |
| Name of New Registered Agent: | |
| New Registered Office Address: | Enter Florida street address |

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.

Cirv

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> | <u>Address</u> | Type of Action |
|--------------|---|------------------------|----------------|
| AMBR | Zachary Slade Zerbonia | 801 S. Financial Place | □Add |
| | | 1904 | □Remove |
| | | Chicago, IL 60605 | 70 |
| AMBR | Karen Louise Doering | 14921 c. 82nd St. N | |
| | | Owasso, OK 74055 | Ξņ |
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| ffective date, if other than the an effective date is listed, the date mustote: If the date inserted in this blocument's effective date on the D | ock does not meet the app | olicable statutory filing r | (optional) e than 90 days after filing. requirements, this date |) Pursuant to 605.0207 will not be listed as |
| record specifies a delayed effectively is filed. | e date, but not an effectiv | e time, at 12:01 a.m. on | the earlier of: (b) Th | e 90th day after the |
| ated May 17th | . 2022 | · | | |
| | | | | |
| /s/ Zachary Sla | de Zerbonia | | | |

Filing Fee: \$25.00