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Certified Copies	_ Certificates	s of Status
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A. BUTLER

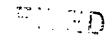
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COVER LETTER

	Registration Se Division of Cor			
end ie	Agility Sen	ior Living Advisors L.L.C.		
SUBJEC	-1; <u> </u>	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
		ondence concerning this matter	-	
		Jacqueline		
			Name of Person	
		ZenBusiness INC		
			Firm/Company	
		336 E. College Ave Suite	301	
			Address	
		Tallahassee, FL 32301		
			City/State and Zip Code	
		fulfillment@zenbusiness.co		
		E-mail address: (to be used for future annual report notifical	tion)
For furth	ner information e	oncerning this matter, please co	all:	
Jacqueli	ne c/o ZenBusin	ess INC	844 493-6249	
	Name o	f Person	Area Code Daytime To	elephone Number
Enclosed	Lis a check for th	ne 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 Addres Registration 5		Street Address: Registration Section	o n
	Division of C	Corporations	Division of Corpo	rations
	P.O. Box 632 Tallahassee, 1		The Centre of Tall 2415 N. Monroe S	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Agility Senior Living Advisors L.L.C.

2022 OCT 14 PH 1:50

(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 were filed on $\frac{7/10/2020}{1}$ _ and assigned Florida document number 1.20000199386 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 420 W. Belmont Enter new mailing address, if applicable: Unit 25-B (Mailing address MAY BE A POST OFFICE BOX) Chicago, IL 60657 B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address . Florida _ City

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 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	Karen Louise Doering	14921 e. 82nd St. N	DAdd
		Owasso, OK 74055	
AMBR	Zachary S Zerbonia	6139 55th Avenue Circle East	□Add
		Bradenton, FL 34203	□Remove
		 	■ Change
<u> </u>			□Add
			□Remove
		<u> </u>	□Change
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Filing Fee: \$25.00