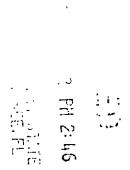
L20000277784

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	**
(City	//State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

Office Use Only



100368903321



COVER LETTER

OFFICE AND COME	ony Palms, LLC			
SUBJECT:	Name of Lim	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:		
	Pilar Carvajal			
		Name of Person		
	Innovation Senior Living			
		Firm/Company	<u> </u>	
	941 W. Morse Blvd Suite 100 Address			
	Winter Prak, FL 32789			
		City/State and Zip Code		
	pcarvajal@islcommunities.	com to be used for future annual report notific		
For further information o	concerning this matter, please c	·	<u> </u>	
Pilar Carvajal		305 4282480 at ()		
Name o	of Person		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 Addres		Street Address:		
Registration :	Section	Registration Sect	ion	

Division of Corporations P.O. Box 6327

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

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 (A	Liability Compa Florida Limited I	ny as it now appears on our record iability Company)	ds.)
The Articles of Organization for this Limited Liab lorida document number L20000277784	oility Company	were filed on 9/1/2020	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liab	ility company here:	
SL-Hollywood, LLC			
The new name must be distinguishable and contain the wor	ds "Limited Liabil	ity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicat	o le:	941 W. Morse	Blvd
Principal office address MUST BE A STREET	ADDRESS)	Svite 100 Winker Park	FL 32789
Enter new mailing address, if applicable:		941 W. Mors	c Blud
Mailing address MAY BE A POST OFFICE BO	<u>0x)</u>	Suite 100 Winter Park	c, FL. 32759
B. If amending the registered agent and/or reg	,	iddress on our records, <u>enter</u>	the name of the new regist
Name of New Registered Agent:			P
New Registered Office Address:	941 W.	Molse Blvd Su Enter Florida street addre	Fe=100
	Win	Enter Florida street addre	orida <u>32789</u>

New Registered Agent's Signature, if changing Registered Agent:

1SI -Harmony Palms, LLC

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>	Address	Type of Action
MGR	Innovation Senior Living, LLC	941 W. Morse Blvd Suite 100 Winter Park, FL 32789	_ ≅ Add
			□ Remove
			_ Change
MGR	Innovation Senior Management, LL C		_ 🗆 Add
		1688 Meridian Avenue Suite 700 Miami Beach, FL 3	3] ■Remove
			_ □Change
			_ 🗆 Add
			_ Remove
			_
			_ DAdd
			_ Remove
			Change
			_ 🗆 Add
			_ 🗆 Remove
			_ Change
			_ □Add
			_ □Remove
			_ [] Change

	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
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Factiv	date, if other than the date of filing:
an effec ote: It	ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed 's effective date on the Department of State's records.
record is file	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
7.	2021
ated	
	Signature of a member or authorized representative of a member