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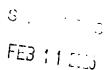




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COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

LANDMARK AT LANCASTER. LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: JULIA BAYTLER Name of Person LANDMARK COMPANIES, LLC Firm/Company 21500 Biscayne Blvd., Suite 402 Address Aventura, FL 33180 City/State and Zip Code hsixto@landmarkcompanies.us E-mail address: (to be used for future annual report notification)
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: JULIA BAYTLER Name of Person LANDMARK COMPASHES, LLC Firm/Company 21500 Biscayne Blvd., Suite 402 Address Aventura, FL 33180 City/State and Zip Code hsixto@landmarkcompanies.us E-mail address: (to be used for future annual report notification)
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hsixto@landmarkcompanies.us E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Julia Baytler 954 455-0336 at ()
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Status Solution Sta
Mailing Address: Registration Section Street Address: Registration Section
Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LANDMARK AT LANCASTER, LL	.C		
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appea (Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability C	ompany were filed on _	October 12, 2020	and assigned
Florida document number L20000323158	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ited liability company b	<u>iere</u> :	
N/A			
The new name must be distinguishable and contain the words "Limitation of the contain	ited Liability Company," the	designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	RESS)	<u> </u>	
			超 5 -
Enter new mailing address, if applicable:			30
• •			SSS
(Mailing address MAY BE A POST OFFICE BOX)			
			
79 AM 19 41 44 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	I office address on our	records, enter the na	me of the new registered
agent and the new registered office address here.			
V 601 0 1 1 1			
Name of New Registered Agent:			
New Registered Office Address:		·	
-	Enter Flo	orida street address	
		Florida _	
	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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Igor Krivor	21500 Biscayne Blvd., Suite 402	\BAdd
		Aventura, FL 33180	Remove
			□Change
MGR	EBS Revocable Trust	21500 Biscayne Blvd., Suite 402	□Add
		Aventura, FL 33180	≣Remove
	·	Change	
MGR Julia Baytler	21500 Biscayne Blvd., Suite 402	□Add	
	Aventura, FL 33180	■Remove	
		□Change	
		□Add	
		□Remove	
		□Change	
		□Remove	
		Change	
		□Remove	
		□Change	

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional)
(If an effective 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 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. December 13 2024 Dated _____ Signature of a member or authorized representative of a member JULIA BAYLTER Typed or printed name of signee

Filing Fee: \$25.00