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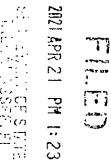
(Requestor's Name)
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(Document Number)
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COVER LETTER

TO:	Registration Se Division of Cor		·						
CUDIC	Freedom Se	enior Living							
SOBJE	Name of Limited Liability Company								
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.						
Please	return all correspo	ndence concerning this matter	to the following:						
		Jenny Phillips							
		<u></u>	Name of Person						
		Libertas Senior Living		2021 APR 21					
			Firm/Company						
		12313 Hammock Hill dr							
			Address	THE PA					
		Clermont, FL 34711		PH 1:23 OF STATE					
		jenphil23@yahoo.com	City/State and Zip Code						
		•	to be used for future annual report notificat	ion)					
For fun	her information co	oncerning this matter, please c	all:						
Jenny I	Phillips		407 412-2125 at ()						
Name of Person				lephone Number					
Enclose	ed is a check for th	e following amount:							
≡ \$2:	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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		Section orporations 7	Street Address: Registration Section Division of Corpor The Centre of Talla 2415 N. Monroe St Tallahassee, FL 32	ations ahassee treet, Suite 810					

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Freedom Senior Living LLC				
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on o Limited Liability Company)	our records.)		
The Articles of Organization for this Limited Liability Co	ompany were filed on 11/4/202	and assigned		
lorida document number L20000349891	_·			
his amendment is submitted to amend the following:				
. If amending name, enter the new name of the limi	ted liability company here:			
libertas Senior Living, LLC				
he new name must be distinguishable and contain the words "Limi	ted Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."		
nter new principal offices address, if applicable:		921 AP		
Principal office address MUST BE A STREET ADDR	<u>ESS)</u>	72 example 22		
nter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)		n w		
runng unitess mat be at our office boay	·			
				
. If amending the registered agent and/or registered	l office address on our record	ls, enter the name of the new reg		
gent and/or the new registered office address here:	office address on our record	is, enter the hame of the new reg		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	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>	Address	Type of Action
			🗀 Add
			□Remove
			□Change
			□Add
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			□Add
			□Remove
			□ Change
			🗆 Add
			□Remove
			Change

Typed or printed name of signee