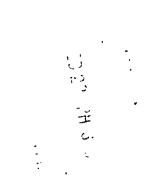
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

Registration Section

Division of Corporations

TO:

	Y PRESERVE PARTNERS LLC	3	
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Patrick L. Slota		
	Name of Limited Liability Company Insed Articles of Amendment and fee(s) are submitted for filing. Patrick L. Slota Patrick L. Slota Name of Person Struxxures Group LLC Firm/Company 1432 Shannon Place Address Old Hickory, TN 37138 City/State and Zip Code patrick@struxxures.com E-mail address: (to be used for future annual report notification) their information concerning this matter, please call: L. Slota Name of Person Area Code Daytime Telephone Number di is a check for the following amount: 5.00 Filing Fee Certificate of Status Certificate of Status Street Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee		
		_	
	1432 Shannon Place		
		Address	
	Old Hickory, TN 37138		
		City/State and Zip Code	
	-		
	E-mail address: (to be used for future annual report not	ification)
For further information	concerning this matter, please ca	all:	
Patrick L. Slota		at ()	
Nam	e of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check fo	r the following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Registration Division of P.O. Box 6	n Section Corporations	Registration So Division of Co The Centre of	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TUSCANY PRESERVE PARTNERS LLC (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 1/12/2021 and assigned Florida document number _____L21000027584 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ARBOR ROSE COMMUNITIES LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 7726 WINEGARD RD. Enter new principal offices address, if applicable: 2ND FLOOR (Principal office address MUST BE A STREET ADDRESS) PINE CASTLE, FL 32809 1432 SHANNON PLACE Enter new mailing address, if applicable: OLD HICKORY, TN 37138 (Mailing address MAY BE A POST OFFICE BOX) 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

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.

City

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>	Name	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□ Remove
			☐ Change
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Effective date, if other than the If an effective date is listed, the date mus	date of filing:	- data of Glima on many than	(optional)	to 605 020
Note: If the date inserted in this blo	ce specific and cannot be prior took does not meet the application.	able statutory filing requ	irements, this date will not	be listed a
document's effective date on the Do	epartment of State's records.			
e record specifies a delayed effective ord is filed.	e date, but not an effective tir	ne, at 12:01 a.m. on the	earlier of: (b) The 90th da	iy after the
Dated FEBRUARY 9	2022			
N.	m	_		
Lat	LA Aca			
	Signature of a member or autho	rized representative of a m	ember	

Filing Fee: \$25.00