## L21000101210

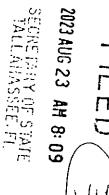
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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## **COVER LETTER**

TO:

	Registration Se Division of Cor			
cuntrz		ENUE LIFESTYLE, LLC		
SUBJEC	-I: <u></u>	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		JOANNE BALL		
			Name of Person	
		BOURNE FINANCIAL G	ROUP, LLC	
			Firm/Company	
		228 N. PARK AVENUE,	SUITE A	
		<del></del>	Address	
		WINTER PARK, FL 327	89	
			City/State and Zip Code	
		JOANNE.BALL@BOURN	IEFG.COM to be used for future annual report notific	ention
For furth	ner information c	oncerning this matter, please c		accent,
JOANN	E BALL		407 694-4130	
	Name o	f Person	at () Area Code Daytime	Felephone Number
Enclosed	d is a check for th	he following amount:		
<b>■</b> \$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 Address Registration 5 Division of C P.O. Box 632 Tallahassee.	Section Corporations 27	Street Address: Registration Sect Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	orations Ilahassee Street, Suite 810

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

company has been notified in writing of this change.

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears o liability Company)	n our records.)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.21000101210}{1.000101210}$ .	were filed on $3/2/20$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here	;
CIEL SENIOR LIVING, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the desig	gnation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		2023 SEC 3
		ALC THE
		AF 6 2
Enter new mailing address, if applicable:		$\frac{\partial \mathcal{H}}{\partial \mathcal{H}}$ $\omega$
(Mailing address MAY BE A POST OFFICE BOX)		
		F. 7. 8: (
		m '9
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our reco	ords, <u>enter the name of the new register</u>
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		
	Enter Florida	i street address
	. Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agro- provisions of all statutes relative to the proper and complete	•	

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

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
AR	ROBERT K. BOURNE	228 N. PARK AVENUE, SUITE A	□Add
		WINTER PARK, FL 32789	≣Remove
			□Change
MGR	BOURNE FINANCIAL GROUP, I	228 N. PARK AVENUE, SUITE A	🗀 Add
		WINTER PARK, FL 32789	≣Remove
			□Change
AMBR	BOURNE HOLDINGS, LLC	228 N. PARK AVENUE, SUITE A	<b>≣</b> Add
		WINTER PARK, FL 32789	□Remove
			□Change
MGR	RE INVESTMENT PARTNERS, L	228 N. PARK AVENUE. SUITE A	<b>=</b> Add
		WINTER PARK, FL 32789	□Remove
			□Change
			□Add
			□Remove
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Note:	ve date, if other than the date of filing:
recor	I 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 ed.
Darrel	August 22, 2023
Jated	Management of a member of authorized representative of a member
	IN, MI nuc
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00

Typed or printed name of signee