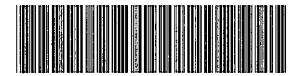
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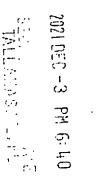
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| PATEL MANOR LLC | | |
|--|---|---------------------------|
| (Name of the Limited Liability Company (A Florida Limited Liab | as it now appears on our records.) pility Company) | |
| he Articles of Organization for this Limited Liability Company we | ere filed on <u>04/05/2021</u> | and assigned |
| lorida document number L21000155182 | | |
| nis amendment is submitted to amend the following: | | |
| . If amending name, enter the new name of the limited liabilit | v company here: | |
| ne new name must be distinguishable and contain the words "Limited Liability | Company," the designation "LLC" or t | he abbreviation, "L.L.C." |
| nter new principal offices address, if applicable: | <u> </u> | - 100 mg |
| Principal office address MUST BE A STREET ADDRESS) | <u> </u> | |
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| inter new mailing address, if applicable: | | <u> </u> |
| Mailing address MAY BE A POST OFFICE BOX) | | 0 |
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| . If amending the registered agent and/or registered office add gent and/or the new registered office address here: | dress on our records, enter the | name of the new regist |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | Florid | a |
| | 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 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 |
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| AMBR | Patel, Delaura | 16366 HYDE MANOR DR | 🗆 🗀 Add |
| | | TAMPA, FL 33647 | |
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| AMBR | Patel, Nirav | 16366 HYDE MANOR DR | = Add |
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| in eff <u>ote:</u> | fective date is li If the date in lient's effective | isted, the dat iserted in th | e must be spec ris block doe | itic and ca s not mee | innot be pri et the appl | icable statu | filing or more | e than 90 da requireme | ays after til | ing.) Pur | suant to 6 not be li | 05.0207 isted as |
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