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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	SP Resider	Nicel Property	f Care, LLC
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Palm Asporter E-mail address: (at (603) 986-	Se. Com
Enclosed is a check for the \$25.00 Filing Fee Mailing Address Registration S Division of Co P.O. Box 6327 Tallahassee, F	S30.00 Filing Fee & Certificate of Status Election opporations	S55.00 Filing Fee & Certified Copy (additional copy is enclosed) Street Address: Registration Sect Division of Corp The Centre of Ta	orations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability ComFlorida document number $_$ \bot 210002383	npany were filed on May 121, 3021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	ł liability company here:
The new name must be distinguishable and contain the words "Limited	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 ADDRES	CS)
	1N3
Enter new mailing address, if applicable:	<u></u>
(Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
	<u> </u>
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida

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>	Name	Address	Type of Action
AMBR	Scottwarter	79 Christopher Caurt Palm Coast, FL 3213	D Add
		Palm Coast, FL 3213	7_ □Remove
			□Change
MGRM	Dianne m. Porter	29 Christopher Cour	F □Add
		29 Christopher Court Palm Coast, FL 32137	□Remove
		32 137	Change
			□Add
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ffectivan effe	the date inserted in this block does not ment the applicable attention. (optional)
	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nt's effective date on the Department of State's records.
ocur, ic	in a creenve date on the Department of State's records.
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
l is file	d.
ated _	
	Wanne & Porta Suther Part
	Signature of a member or authorized representative of a member
	Dame M Porter Scott W. Porter

Filing Fee: \$25.00