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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LYVWELL CARROLLWOOD SS JV 1, LLC

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TO:	Registration Se Division of Cor			H24000404844
Grin to		L CARROLLWOOD SS JV 1,	LLC	
ZORTI	ECT:	Name of Lin	nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
	Nume of Person			
			Firm/Company	
			Address	
		 	City/State and Zip Code	
		mike@lyvwellcommunitie	es.com (to be used for future annual report notific	cation
For fur	ther information c	oncerning this matter, please c	•	audi)
Micha	iel Bednarski		at (_813)406-4966	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	ne 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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Docusign Envelope ID: 843DBA76-B46B-4B6A-8967-1C77A7829D96 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

H24000404844

LYVWELL CARROLLWOOD SS JV 1, LLC (Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our reco	rdı.)	
The Articles of Organization for this Limited Liability Company	were filed on 06/29/2021	and assigned	
Florida document number L21000300567			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LL	.C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
		; <i>,</i>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	eddress on our records, <u>ente</u>	r the name of the new registere	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street addr	ess	
	, Florida		
-	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as phone filed to marely reflect a change in the registered office	performance of my duties, o provided for in Chapter 605	and I am familiar with and , 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

Docusion Envelope ID: 843DBA78-B46B-4B8A-8987-1C77A7829D96
II immenuing 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 H24000404844

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Lyvwell 1 Dale Mabry Tampa SS, LLC	1810 W. Kennedy Blvd.	■Add
		Tampa, FL 33606	□Remove
			☐ Change
MGR	Michael Bednarski	6911 Pistol Range Road	□Add
		Tampa, FL 33635	■Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change

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ective date, if oth	er than the date of filin	ng: (optional) ad cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60	
te: If the date inser	ted in this block does not	meet the applicable statutory filing requirements, this date will not be li-	05.0207 (3) sted as the
ument's effective of	iate on the Department of	State's records.	
	ayed effective date, but no	ot an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day aft	er the
s filed.			
		2024	
•	Dogamhar 6	4047	
ted	December 6		
	December 6	Signed by:	