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RETURN ADDRESS AND PHONE ATOZ SENIOR PLACEMENTS LLC TREY JONES

727-460-8441 36181 EASTLAKE RD #278 PALM HARBOR, FL 34685

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIL.ED 2022 JUN 13 AM 9: 46

A TO Z SENIOR PLACE,	nfaTS LLC	SEUNE LARY OF STATE
mendment is submitted to amend the following: amending name, enter the new name of the limited liability company here: w name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." new principal offices address, if applicable: inpul office address MUST BE A STREET ADDRESS) new mailing address, if applicable: ing address MAY BE A POST OFFICE BOX) amending the registered agent and/or registered office address on our records, enter the name of the new registered		
The Articles of Organization for this Limited Liability Company Florida document number $L 210 \infty 319028$	were filed onJUL	4 /3, 2021 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our record	ls, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	P Pl	
	Enter Florida str	
	City	, Florida 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		
AMB12	MICHAEL ALLEGRI	36181 FASTLAKE RD # 278	□Add		
		PAIN HARBOR, FL 34685	Remove		
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Dated	JUNE	3	·	20	22							
		/	TN									
		Signa	ture of a n	nember o	r authoriza	ed represe	ntative of	a member				