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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ROETZEL & ANDRESS
Account Number : I20000000121
Phone : (239)649-6200
Fax Number : (239)261-3659

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ASPIRE LIVING, LLC**

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COVER LETTER

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**TO: Registration Section
Division of Corporations**

SUBJECT: ASPIRE LIVING, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sean M. Ellis, Esquire
Name of Person

Roetzel & Andress, LPA
Firm/Company

2320 First Street, Suite 1000
Address

Fort Myers, Florida 33901
City/State and Zip Code

sellis@ralaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sean M. Ellis at (239) 337-3850
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 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

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

ASPIRE LIVING, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/25/2021 and assigned
Florida document number L21000463835.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Huntington Center

525 Vine Street, Suite 1605

Cincinnati, Ohio 45202

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new-registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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 Changing Registered Agent, Signature of New Registered Agent

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If an existing Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>CEII MANAGER, LLC</u>	<u>525 Vine Street, Suite 1605</u>	<input type="checkbox"/> Add
		<u>Cincinnati, OH 45202</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>AMBR</u>	<u>Aspire Living Holdings, LLC</u>	<u>c/o Strauss Troy Co., LPA</u>	<input type="checkbox"/> Add
		<u>150 East Fourth Street, 4th Floor</u>	<input type="checkbox"/> Remove
		<u>Cincinnati, OH 45202</u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
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		<u></u>	<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Article IV shall be deleted in its entirety and replaced with the following:

ARTICLE IV-MANAGEMENT: The Company is member-managed. The sole and authorized member of the Company is: Aspire Living Holdings, LLC, a Delaware limited liability company, c/o Strauss Troy Co., LPA, 150 East Fourth Street, 4th Floor, Cincinnati, Ohio 45202.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the 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 record is filed.

Dated APRIL 12, 2023

David Bastos

Signature of a member or authorized representative of a member

DAVID BASTOS

Typed or printed name of signer