21000475897

(Re	equestor's Name)			
(Ac	ldress)			
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(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
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Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com



ORDER FORM

TO Florida Department of State

FROM

Melissa Moreau

The Centre of Tallahassee

2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

850.656.7953

corphelp@dos.myflorida.com

850-245-6051

REQUEST DATE 11/15/2021

PRIORITY Regular Approval

OUR REF # (Order ID#) 967570

ORDER ENTITY___

STO-RE ENCORE VIVE 2021, LLC

	FORM THE FOLLOWING SERVICES: ICORE VIVE 2021, LLC (FL)	
	ched amendment and provide a certified copy.	
NOTES:		
	rized	

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Monday, November 15, 2021 Page I of I

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STO-RE ENCORE VIVE 2021, 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 $\frac{11/05/2021}{1}$ _ and assigned Florida document number <u>L21000475897</u> 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) 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

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.

Citv

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR STO Management, LI	STO Management, LLC	1245 Court Street	□Add
		Clearwater, FL 33756	□Remove
			= Change
			□Add
		 	□Remove
	<u>-</u>		□Add
			□Remove
		□ Change	
			□Add
			□Remove
			□ Change
			
			□Remove
			□Change
			□Remove
			□Change

	iny other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
(If an effective date Note: If the da	e, if other than the date of filing:
the record specific cord is filed.	es a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated Novemb	ber 15 2021
	Signature of a member or authorized representative of a member
Step	phen Olson
	Typud or printed cappy of signes

Filing Fee: \$25.00