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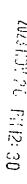
(Requestor's Name)	
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PICK-UP WAIT MAIL	
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COVER LETTER

TO: Registration Se Division of Cor		,		
Bradenton	HO, LLC			
SUBJECT:	Name of Limi	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.		
Please return all correspo	ondence concerning this matter	o the following:		
	Sara Hart			
		Name of Person		-
	Nolen, PLLC			
		Firm/Company		-
	6000 Monroe Road, Suite	350		
		Address		-
	Charlotte, NC 28212			
		City/State and Zip Code		-
	sara.hart@nolenpllc.com	o be used for future annual rep	ort notification)	
For further information of	concerning this matter, please ca		,	
Brian H. Nolen		704 531-9	9355	
Name o	of Person	at () Area Code	Daytime Telephone Numbe	Γ
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certified	ate of Status &
<u>Mailing Addre</u> Registration		Street Add	ress: on Section	
Division of (Corporations	Division of	of Corporations	
P.O. Box 632	27	The Centi	re of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bradenton HO, LLC		
(<u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
he Articles of Organization for this Limited Liability Compa	iny were filed on November 30, 2021	and assigned
lorida document number L21000504747		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited l	iability company here:	
Lakewood HO, LLC		
he new name must be distinguishable and contain the words "Limited L	ability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		~>
		ŋ23
)023 HOV
nter new mailing address, if applicable:		(\)
Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
		12:
 If amending the registered agent and/or registered offigent and/or the new registered office address here: 	ce address on our records, <u>enter the na</u>	<u>ame ô£the new regis</u>
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

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
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			Remove
			Change
			Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□Remove
			Change
	·····		□Add
			Change

Page 2 of 3

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lf an ei <u>Note:</u>	tive date, if other than the date of filing:
docur	nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.
	November 16 2023
T	· · · · · · · · · · · · · · · · · · ·
Dated	
Dated	
Dated	Signature of a member or authorized representative of a member