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(Requestor's Name)	
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(City/State/Zip/Phone #)	
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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 07/06/2022	_		⇔WALK IN⇔
ENTITY NAME CORA	L BAY AT EMERALD) HEALTH, LLC	WALK EV
ENTITY NAME			
DOCUMENT NUMBER_			
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	Certified Copy		
	Certificate of Status		
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	APOSTILLE' / N	NOTARIAL CERTIFICATION	
COUNTRY OF DESTINA	TION		
NUMBER OF CERTIFICA	TES REQUESTED		
TOTAL OWED \$25		ACCOUNT #: I2016000007	2
		-S. 8 7/10	
Please call Tina at t	the above number for	any issues or concerns. Thank you s	o much!

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

CORAL BAY AT EMERALD HEALTH, LLC

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2022 JUL -6 AM 9: 16

(Name of the Limited Liabil) (A Florid)	a Limited Liability Company)	्रायमिन्स नामिना
The Articles of Organization for this Limited Liability C		and assigned
This amendment is submitted to amend the following:	 '	
•		
A. If amending name, enter the new name of the lim	nited liability company here:	
Coral Bay at Pensacola, LLC		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>enter t</u> j	he name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flor	
	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
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Effective date, if other than the service of the date is listed, the date in Mote: If the date inserted in this document's effective date on the	block does no	ot meet the appli-	cable statutory i	(option more than 90 days after this this	filing.) Pursuant to 605.0207 (3)
e record specifies a delayed effect rd is filed.	ve date, but	not an effective (time, at 12:01 a.	m, on the earlier of: (b) The 90th day after the
Dated		2022	·		
		/s/ Sam Zyt	man		
	Signature o	f a member or auth	iorized representa	tive of a member	