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2/8/2023

COVER LETTER

SUBJECT. Scenth	ound lake	Mary H.	
SUBJECT: Scenth	Name of Limited Liab	pility Company	
The enclosed Articles of Amendmen	t and fee(s) are submitted	for filing.	
Please return all correspondence con	cerning this matter to the f	ollowing:	
	John EISEN	HUT Name of Person	
		Firm/Company	
_ 5	353 MELLOW	Address VAY	
_ <u>u</u>	inter Park	State and Zip Code	2
	Aeisenhut@d E-mail address: (to be use	centhound.com ed for future annual report notificat	ion)
For further information concerning t	his matter, please call:		
John Eisenhu7 Name of Person	-	at (407) 375-87 Area Code Daytime Te	136 lephone Number
Enclosed is a check for the following	g amount:		
	ificate of Status	55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section		Street Address: Registration Sectio	n

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

Division of Corporations

TO:

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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3	•	(-T):5	Ĺa,

Centhound Lake Mary (Name of the Limited Liability Co (A Florida Lim	Description of the second of t
The Articles of Organization for this Limited Liability Comp. Florida document number	pany were filed on 12/08/2011 IALLA JASSE and assig
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
SH Lake Mary, LLC.	
The new name must be distinguishable and contain the words "Limited I	liability Company," the designation "LLC" or the abbreviation "L.L.C.
Enter new principal offices address, if applicable:	5353 Mellow Palm Way
(Principal office address MUST BE A STREET ADDRESS	
	32792
Enter new mailing address, if applicable:	nla
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, enter the name of the new regis
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 a 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, <u>enter the title, name, and address of each person | or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of
		 	□Add
			□Change
			□Add
			□Remove
			☐Change
 -			□Add
			□Remove
			□Change
			□Add
		 	□Remove
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change

). If amendir	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
·	
	
	
Note: If the	late, if other than the date of filing:
the record specord is filed.	ecifies 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	2/3, 2023.
-	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	John S. EiSENHUT Typed or printed name of signee
-	Typed or printed name of signee