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PICK-UP	TIAW	MAIL
	Business Entity Name)	
	Document Number)	 -
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Special Instructions to F	iling Officer:	
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COVER LETTER

TO:

TO: Registration S Division of Co			
Communit	y Holdings, I, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Meegan T. Motisi		
		Name of Person	
	Community Holdings, I, I.	LC	
		Firm/Company	
	1 Town Center Road, Suite	2 300	
		Address	
	Boca Raton, FL 33486		
		City/State and Zip Code	
	mmotisi@kaynecapital.com E-mail address: (to be used for future annual report notif	fication)
For further information (concerning this matter, please c	all:	
Meegan T. Motisi		561 300-6263	
Name of Person		at () Area Code Daytime	e Telephone Number
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 enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of C P.O. Box 632 Tallahassee.	Section Corporations 27	Street Address: Registration Sec Division of Con The Centre of T 2415 N. Monroo Tallahassee, FL	porations allahassee c Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Community Holdings, I, LLC

company has been notified in writing of this change.

(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 April 14, 2923 and assigned Florida document number L23000186776 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 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 _, Florida _ City 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

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
MGR	Sydney D. Sefznick	One Town Center Road, Suite 300	□Add
		Boca Raton, FL 33486	=Remove
			□ Change
MGR	Thrive Collective Foundation	501 Silverside Road, Suite 123	= Add
		Wilmington, DE 19809-1377	□Remove
			□ Change
			□Add
			□Remove
			□Change
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			□Remove
			Change

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Filing Fee: \$25.00