L23000265232

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(Acidress)
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COVER LETTER

TO:		ration Sec n of Corp	ction porations	
CUD IC		 nward Liv	ving, LLC	·
SUBJE	C1:		Name of Lim	ited Liability Company
The encl	losed Ar	ticles of A	Amendment and fec(s) are sub	mitted for filing.
Please re	eturn all	correspor	ndence concerning this matter	to the following:
			Brian Rose	
			-	Name of Person
			Kinward Living, LLC	
				Firm/Company
			111 S Armenia Ave, Ste 20)
				Address
			Tampa, FL 33609	7
				City/State and Zip Code
			brose@eisenhowerproperty	
Con front	har infor	ntion oo	E-mail address: (oncerning this matter, please c	to be used for future annual report notification)
		mation co	oncerning this matter, please c	
Brian R	osc			813 610-3043 at ()
		Name of	Person	Area Code Daytime Telephone Number
Enclosed	d is a ch	eck for th	c following amount:	
□ \$ 25	.00 Filin	ng Fcc	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & ■ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
		g Address		Street Address: Registration Section
	_	tration S on of Co	ection orporations	Division of Corporations
P.O. Box 6327			7 -	The Centre of Tallahassee
	Tallah	iassee, F	L 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kinward Living, LLC		
(Name of the Limited Li (A F)	ability Company as it now appears on our re orida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liabili	ty Company were filed on 5/31/2023	and assigned
Florida document number L23000265232		
This amendment is submitted to amend the followin	g:	
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 "L.L.C."
Enter new principal offices address, if applicable		
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	0	
		···
B. If amending the registered agent and/or regist agent and/or the new registered office address he	tered office address on our records, <u>e</u> <u>re</u> :	nter the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddress
		Elovido
-	Citv	_, Florida 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
AMBR	JSH Capital, LLC	111 S Armenia Ave, Ste 201, Tampa, FL 33609	□ Add
			□Remove
			Change
MGR	JSH Capital, LLC	111 S Armenia Ave, Ste 201, Tampa, FL 33609	
			Remove
			Change
			□Add
			□Remove □
			□ Change
		<u> </u>	□Add
			□Remove
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be p e: If the date inserted in this block does not meet the appument's effective date on the Department of State's reco	rior to date of filing or more than 90 days after filing.) Pursuant to 6 plicable statutory filing requirements, this date will not be li	05.02 sted
cord specifies a delayed effective date, but not an effective s filed.	re time, at 12:01 a.m. on the earlier of: (b) The 90th day af	ter th
ed June 23 por	<u>></u> . 1 _	
/ %		

Filing Fee: \$25.00