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COVER LETTER

TO: Registration Se Division of Cor	ection + T +		• •
SENIORTI	MÉ.COM LLC	,	•
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	James D'Loughy		
		Name of Person	
	Advisor Law PLLC		
		Firm/Company	
	3910 RCA Blvd. Suite 101	5	
		Address	
	Palm Beach Gardens, FL	33410	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	all;	
James DLoughy		561 622-7788	
Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration 9 Division of C		Registration Sec Division of Cor	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

· ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SENIORTIME.COM LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company was document number <u>L24000058840</u> .	vere filed on <u>01/31/2024</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
he new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		024
		<u> </u>
		<u></u>
Enter new mailing address, if applicable:		TP
Mailing address MAY BE A POST OFFICE BOX)		ယ္ ်
		ယ မ
3. If amending the registered agent and/or registered office adgent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Idress on our records, enter the nan	ne of the new regist
	, Florida	
	Fiorida	Ziv 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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Peter Tracy	4201 N. OCEAN BLVD. C901	
		BOCA RATON, FL 33431	■Remove
			Change
AMBR	Olivia Funk	9201 GREEN MEADOWS WAY	= Add
		PALM BEACH GARDENS, FL 33418	🗆 Remove
			□Change
			□Add
			Remove
			Change
			🗆 Add
			□Remove
			□ Change
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Typed or printed name of signee