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## **COVER LETTER**

TO: Registration Sec Division of Corp				
SUBJECT: Sanct	Vary Living Li	L-C		
	Name of Lim	ited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspond	ndence concerning this matter	to the following:		
	Princess Love	Bowers		
		Name of Person		
		Firm/Company		
	7712 Silver	DAK LN		
	1 William FL	City/State and Zip Code		
	info. Sanctuar E-mail address: A	City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code	(OY)	
For further information co	oncerning this matter, please ca			
Princess Bo	Person	at ( <u>813</u> ) <u>528</u> Z	795 ne Telephone Number	
Enclosed is a check for th	e following amount:			
S25.00 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 Address: Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	Liability Compa Florida Limited I	ny as it now appears on our records.) Liability Company)	SEC SEC
The Articles of Organization for this Limited Liab Florida document number <u>L24000259</u>		were filed on June 06,20	
This amendment is submitted to amend the follow A. If amending name, enter the new name of t	J	ility compony horo	AN 8: 54
		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
The new name must be distinguishable and contain the wor		-	
Enter new principal offices address, if applicat	ole:	7712 SILVER OAK	
(Principal office address MUST BE A STREET	pal office address MUST BE A STREET ADDRESS) Tampa FL 33619	619	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO	<u>0x)</u>	7712 Silver Dr Tampa FL 33	4K LN 619
B. If amending the registered agent and/or reg agent and/or the new registered office address		nddress on our records, <u>enter the n</u> e	ame of the new registered
Name of New Registered Agent:	Princes	s Love Bowers	
New Registered Office Address:	7712 9	Enter Florida street address	<del></del>
	Tampa	, Florida	33619
			Inp 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.

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>	Name	Address	Type of Action
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			□Remove
			☐ Change
·			□Add
			□Remove
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fective	date, if other than the date of filing: (optional)	
un effect	ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a	07 (
	the date inscribed in this block does not need the applicable statutory fitting requirements, this date will not be listed a t's effective date on the Department of State's records.	is t
ecord s	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	e
is filed		
ited	June 17 7024	
	June 17 , 2024 Princer Low Powers	
	Trince Low Foreign	
	There for I delles	
	Signature of a member or authorized representative of a member  Princess Love Bowers  Typed or printed name of signee	

# Electronic Articles of Organization For Florida Limited Liability Company

L24000259556 FILED 8:00 AM June 06, 2024 Sec. Of State klovelace

#### Article I

The name of the Limited Liability Company is: SANCTUARY LIVING, LLC

#### Article II

The street address of the principal office of the Limited Liability Company is:

16403 LAKE BYRD DR TAMPA, FL. UN 33618

The mailing address of the Limited Liability Company is:

16403 LAKE BYRD DR TAMPA, FL. UN 33618

### **Article III**

The name and Florida street address of the registered agent is:

PRINCESS LOVE BOWERS 16403 LAKE BYRD DR TAMPA, FL. 33618

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: PRINCESS LOVE BOWERS