L24000263466

| (Rec | questor's Name) | |
|---------------------------|-------------------|--------------------|
| (Add | iress) | |
| (Add | liess) | |
| (City | //State/Zip/Phone | > #) |
| PICK-UP | WAIT | MAIL |
| (Bus | iness Entity Nan | ne) |
| (Doc | cument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to F | Filing Officer: | |
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|-----------|------------------------------------|---|---|--|
| SUBJEC | | nt of Articles of Organization | | • |
| SOBJEC | ~1. <u></u> | Name of Limi | ited Liability Company | |
| | | Amendment and fee(s) are sub- | - | |
| Please re | turn all correspo | ondence concerning this matter | to the following: | |
| | | James Collazo | | |
| | | | Name of Person | |
| | | Second Chance Senior Livi | ing, LLC | |
| | | | Firm/Company | |
| | | 1315 SW 91 Ave | | |
| | | | Address | |
| | | Miami, FL 33174 | | |
| | | | City/State and Zip Code | |
| | | secondchanceseniorliving@ E-mail address: (t | gmail.com o be used for future annual report noti | fication) |
| For furth | er information c | concerning this matter, please co | dl: | |
| James C | | | 786 229-6898 at () | |
| | Name o | f Person | Area Code Daytime | e Telephone Number |
| Enclosed | l is a check for the | he 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 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 (A Florida Limited l | ny as it now appears on our recor Liability Company) | ·ds.) |
|---|---|---------------------------------------|
| The Articles of Organization for this Limited Liability Company Florida document number L24000263466 | were filed on June 10, 2024 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| | | 2021 S |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LL | C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 1315 SW 91 Avenue | 12 |
| (Principal office address MUST BE A STREET ADDRESS) | Miami, FL 33174 | <u> </u> |
| | | = |
| | | · · · · · · · · · · · · · · · · · · · |
| Enter new mailing address, if applicable: | 1315 SW 91 Ave | :: |
| (Mailing address MAY BE A POST OFFICE BOX) | Miami, FL 33174 | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, <u>ente</u> | r the name of the new registo |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street addre | 255 |
| | | lorida |
| | City | Zip Code |

company has been notified in writing of this change.

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 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 |
|--------------|-------------------|-----------------|----------------|
| AMBR | JAMES COLLAZO, II | 1315 SW 91 Ave | ∃ Add |
| | | Miami, FL 33174 | □Remove |
| | | | Change |
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| | | | □Remove |
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| D. If amending any oth | ner information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| Note: If the date inser | der than the date of filing: |
| f the record specifies a delector is filed. | layed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| Dated | 2024 |
| | |
| - | Signature of a member or authorized representative of a member |
| James Colla | azo |

Typed or printed name of signee