Control Number : 14083635

STATE OF GEORGIA

Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

AMENDED CERTIFICATE OF AUTHORITY

NAME CHANGE

I, **Brad Raffensperger**, the Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

LMC LIVING, LLC
a Foreign Limited Liability Company

formed under the laws of the State of **Delaware** and authorized to transact business in Georgia on **08/27/2014**, has amended its application to transact business in this state by the filing of an amendment changing its name to

Quarterra Living, LLC
a Foreign Limited Liability Company

and by the paying of fees as provided by Title 14 of the Official Code of Georgia Annotated. Attached hereto is a true and correct copy of said application.

WITNESS my hand and official seal in the City of Atlanta and the State of Georgia on **08/08/2022**.

Brad Raffensperger

Brad Raffensperger
Secretary of State

Secretary of State

OFFICE OF SECRETARY OF STATE
CORPORATIONS DIVISION
2 Martin Luther King Jr. Dr. SE
Suite 313 West Tower
Atlanta, GA 30334
(404) 656-2817
sos.georgia.gov/corporations

2022 AUG -4 PM 2:49
SECRETARY OF STATE
CORPORATIONS DIVISION

APPLICATION FOR AMENDED CERTIFICATE OF AUTHORITY OF A FOREIGN ENTITY

An amended certificate of authority is obtained by filing an application for amended certificate of authority if a foreign entity changes its name or its jurisdiction of organization. If any other information required in the original application has changed, please use this form, attaching additional pages if necessary, to inform the Secretary of State of said changes. Complete (where applicable) and return this form with a check or money order payable to "Secretary of State" in the amount of $30.00 ($20.00 filing fee plus $10 paper filing service charge).

1. **Entity Name:** LMC LIVING, LLC

2. **Entity Control Number:** 14083635

3. **Entity Type** (check one only):

   ☐ **Corporation** (choose one type) ○ **Profit** ○ **Nonprofit** ○ **Professional** ○ **Benefit**
   (Corporation must provide certificate of existence from home state with new name, if applicable.)

   ☑ **Limited Liability Company (LLC)**

   ☐ **Limited Partnership/Limited Liability Limited Partnership (LP/LLLP)**

   ☐ **Limited Liability Partnership (LLP)**

4. **State/Country of Home Jurisdiction:** Delaware

5. **Date of Authorization in Georgia:** 8/27/2014

6. **New Entity Type** (if applicable):

   ☐ **Corporation** (choose one type) ○ **Profit** ○ **Nonprofit** ○ **Professional** ○ **Benefit**
   (Corporation must provide certificate of existence from home state with new name, if applicable.)

   ☐ **Limited Liability Company**

   ☐ **Limited Partnership/Limited Liability Limited Partnership**

   ☐ **Limited Liability Partnership**

7. **New Name of Entity** (if applicable): Quarterra Living, LLC

8. **New Home Jurisdiction** (if applicable): _____

9. **Effective Date:** (Choose one) ☑ Upon filing ☐ Delayed effective date and/or time: _____
   (A delayed effective date must be within 90 days of the filing date.)

10. Caitlin Lazarus
    Signature 8/3/2022 **Date**

    Print Name*: Caitlin Lazarus

    Email Address: Caitlin@corpcreations.com

    Signer's Capacity (check one only):

    Corporation: ☐ Officer ☐ Chairperson of Board of Directors ☐ Attorney-in-fact ☐ Attorney ☐ Director ☐ Court-Appointed Fiduciary ☐ Incorporator ☐ Authorized Person

    LLC: ☐ Member ☐ Manager ☐ Organizer ☐ Attorney-in-fact ☐ Attorney ☐ Court-Appointed Fiduciary ☑ Authorized Person

    LP/LLLP: ☐ General Partner ☐ Attorney-in-fact ☐ Attorney

    LLP: ☐ General Partner ☐ Managing Partner ☐ Partner ☐ Attorney-in-fact ☐ Attorney ☐ Authorized Person

* Enter individual's legal name, i.e. first and last name without use of initials or nicknames. Middle names or initials may be included.