

W07C000095230

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

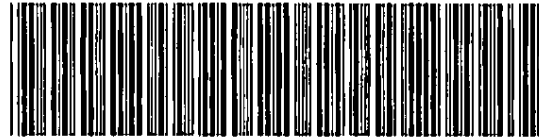
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400387603084

05/10/22--11951--001 **163.00

2022 MAY 16 AM 10:19
STATE

of 7/16/2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FKP FORT WALTON BEACH SENIOR LIVING TENANT LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tara Rosenbaum
Name of Person
Rosenbaum & Associatesm PC
Firm/Company
4 Canaan Circle
Address
South Salem, NY 10590
City/State and Zip Code
hillel.feuerman@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tara Rosenbaum at (914) 232-1005
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
Registration Section
(850) 245-6051, or by writing
P. O. Box 6327
Tallahassee, FL, 32314.

May 4th, 2022

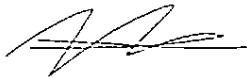
To whom this may concern,

Enclosed you will a check totaling \$100.00 for filing fees and the signed forms required for the amendment of articles for:

FKP Franklin Senior Living Tenant LLC
FKP Seneca Senior Living Tenant LLC
FKP Sun City Center Senior Living Tenant LLC
FKP Fort Walton Beach Senior Living Tenant LLC

The mailing address should be 7015 Beracasa Way Ste 202 Boca Raton, FL 33433.
Please do not hesitate to reach out for any additional items you might need from me by calling (718) 793-0950 or (239) 292-1513.

Thank you,



Hillel Feuerman

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

2022 MAY 16 AM 10:19

FKP FORT WALTON BEACH SENIOR LIVING TENANT LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on September 26, 2007 and assigned Florida document number LO7000098230.

This amendment is submitted to amend the following:

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 "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

200 Principal Lane, Fort Walton Beach, Florida 325

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

7015 Beracasa Way, Suite 302

(Mailing address MAY BE A POST OFFICE BOX)

Boca Raton, Florida 33433

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Sachs Sax Caplan, P.L. Attn: Daniel A. Kaskel, Esq.

New Registered Office Address:

6111 Broken Sound Parkway NW, Suite 200

Enter Florida street address

Boca Raton


City

Florida 33487

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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Hillel Feuerman	7015 Beracasa Way, Suite 302	<input checked="" type="checkbox"/> Add
		Boca Raton, Florida 33433	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	FKP Senior Living Tenant Holding	Level 5	<input type="checkbox"/> Add
		99 Macquarie Street	<input checked="" type="checkbox"/> Remove
		Sydney, New South Wales 2000 AU	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

