

HC70000095659

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

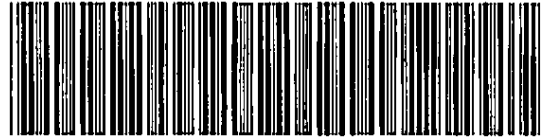
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 JUL 16 AM 10:44

7/16/2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FKP SENECA 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 & Associates 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

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

2022 MAY 16 AM 10:44

FKP SENECA 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 L07000098689

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

Enter new principal offices address, if applicable:

515 Benton Street, Seneca, South Carolina 29672

(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

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

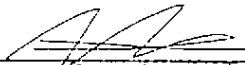
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 05/03/2022



Signature of a member or authorized representative of a member

Hillel Feuerman, Manager

Typed or printed name of signee