

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BERGER SINGERMAN LLP, FT.LAUDERDALE

Account Number : 120020000154 : (954)525-9900 Fax Number : (954)523-2872

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HECHT OCALA PROPERTY GP, LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HE (<u>Name of the Limite</u>)	CHT OCALA PR	OPERTY GP, LLC y as it now appears on our reco- inhility Company)	rds.)					
The Articles of Organization for this Limited Lin Florida document number L04000045171			<u> </u>	and assig	yned			
This amendment is submitted to amend the follo-								
A. If amending name, enter the new name of	the limited liabi	lity company here:						
The new name must be distinguishable and contain the two			L.C" or the	abbreviation "L.L	C.`"			
		300 71st Street, Suite 620						
Enter new principal offices address, if applies (Principal office address MUST BE A STREE	Miami Beach, Florida 33141							
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	300 71st Street, Suite 620 Miami Beach, Florida 33141							
B. If amending the registered agent and/or ragent and/or the new registered office address	22 lici E.		ter the m	ime of the ner	v regi 2021 CCT	<u>stere</u>		
Name of New Registered Agent:		Laurence A. Herrup						
New Registered Office Address:	300 71st Stree	L Suite 620 Enter Florida street at		73.41	PX	-5		
Name Registered Agent's Signature, if changing	Miami Beach	City	, Florida	ZE Code	3 26			

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

Laurence A. Herrup

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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

Title	Name	Address	Type of Action
MGR	Isabelle Amdur	3350 SW 27th Ave, Apt. 2102	□Add
		Miami, FL 33133-4107	■Ramove
			☐ Change
MGR	Amdur Management, LLC	300 71st Street #620	■Add
		Minml Beach, FL 33141	□Remove
			☐ Change
			□∧dd
			Remove
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			Пстоус
			Change
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