

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L04000085262

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000393609 3)))



H220003936093ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : COHEN, NORRIS, WOLMER, RAY, TELEPMAN & COHEN
Account Number : I20020000140
Phone : (561)844-3600
Fax Number : (561)842-4104

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

Email Address: Brian @ Demand More Law Firm . com

2022 Nov 18 AM 9:37

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
5050 DESERT VIXEN ROAD, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$30.00

2022 NOV 18 AM 11:30
FILED
APPROVED
AND

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 5050 DESERT VIXEN ROAD, 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:

PETER K RAY

Name of Person

COHEN NORRIS ET AL

Firm/Company

712 US HIGHWAY ONE, SUITE 400

Address

NORTH PALM BEACH, FLORIDA 33408

City/State and Zip Code

BRIAN@DEMANDMORELAWFIRM.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LYNN REEVES

at (561) 615-1030
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**

5050 DESERT VIXEN ROAD, 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 11/24/2004 and assigned
Florida document number L04000085262

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

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:

N/A

New Registered Office Address:

Enter Florida street address

Florida

City

2024 NOV 18 AM 11:30
FILED

APPROVED

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

11-17-22 05:26pm From-

T-435 P.04/05 F-041

DocuSign Envelope ID: D7A8BF96-A23B-4EB1-8B26-5E31CEA9A0ZF

or removed from our records: enter the title, name and address of each person or entity

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	BRIAN D. GURALNICK	422 BELVEDERE ROAD	<input type="checkbox"/> Add
		WEST PALM BEACH, FLORIDA 33405	<input checked="" type="checkbox"/> Remove
MGR	BRIAN D. GURALNICK, AS TRUSTEE OF THE BRIAN D. GURALNICK TRUST DATED JUNE 20, 2017	422 BELVEDERE ROAD	<input checked="" type="checkbox"/> Add
		WEST PALM BEACH, FLORIDA 33405	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

11-17-22 05:20pm From-

T-495 P.05/05 F-041

DocuSign Envelope ID: D7ABBF96-A23B-4EB1-8B28-5E31CEA9A02F

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

N/A

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 November 16, 2022

DocuSigned by:
BRIAN D. GURALNICK

Signature of a member or authorized representative of a member

BRIAN D. GURALNICK

Typed or printed name of signee