## Florida Department of State

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Division of Corporations

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From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500

: (800)432-3622 Fax Number

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FIREBIRDS OF PEMBROKE PINES, LLC

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K. Brumbley

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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FIREBIRDS OF PEMBROKE PINES, LLC					
(Name of the Limited Limited (A Florida Limited	any as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company Florida document number 1.14000145325	were filed on 09/16/2014	and assigned			
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 Liabi	lity Company," the designation "LLC" or the al	obreviation "L.L.C."			
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)					
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the nam	ne of the new registered			
		<b>2023</b>			
Name of New Registered Agent:		<u> </u>			
New Registered Office Address:	Enter Florida street address	Water Back EAST Back EAST EAST			
	, Florida				
	City	Zip Code.			
New Registered Agent's Signature, if changing Registered Agent;		<b>F</b>			

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 H23000275554

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	CHARLES BLANKENSHIP	8700 RED OAK BLVD, STE J	<b>=</b> Add
		CHARLOTTE, NC 28217	□Remove
MGR	CHRISTOPHER OLSON	8700 RED OAK BLVD, STE J	
		CHARLOTTE, NC 28217	
			Change
			□Add
		<del></del>	□ Remove
			Change
			□ Add
			□Remove
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		<u></u>	CRemove
			Change
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			Change

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

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