

To: -18506176383

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2021-11-08 11:42:22 CST

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Florida Kelly Toon

11/8/21 3:41 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From:

Account Name : C T CORPORATION SYSTEM
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PF MIAMI 79TH ST, LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
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2021 NOV -8 PM 4:45

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UH

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PF MIAMI 79TH ST, 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 08/28/2015 and assigned
Florida document number L15000148007.

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 "LLC."

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 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:

New Registered Office Address:

Enter Florida street address

Florida

City

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 effect 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

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2021 NOV - 8 PM 12:33
ALL RECORDS
OF THE
STATE OF FLORIDA

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> |
|--------------|--------------------------------|--|--|
| AMBR | framichael Warhaltig | 9 GRAND AVENUE, SUITE 2D, TOMS RIVER, NJ 08753 | <input type="checkbox"/> Add |
| | | | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | PF South Florida Holdings, LLC | 9 GRAND AVENUE, SUITE 2D, TOMS RIVER, NJ 08753 | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Article IV of the Articles of Organization of this Limited Liability Company is hereby amended and restated
 in its entirety to read as follows:

"The Company shall be member managed."

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 _____th day after the record is filed

Dated November 8, 2021

/s/ David Bidwell

Signature of a member or authorized representative of a member

David Bidwell

Typed or printed name of signee

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 2021 NOV - 8 PM 12:34
 DEPT. OF STATE
 TALLAHASSEE, FLORIDA