

**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 : CORPORATE CREATIONS INTERNATIONAL INC.  
Account Number : 110432003053  
Phone : (561)694-8107  
Fax Number : (561)214-8442

**\*\*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**  
**OCBPC INVESTMENTS WELLINGTON, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

2022 JUN -9 PM 3:03

2022 JUN -9 AM 9:20  
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Corporate Filing Menu

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JUN 10 2022

K. Brumbley

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

OCPBC Investments Wellington, 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 May 25, 2016 and assigned Florida document number L16000102810.

This amendment is submitted to amend the following:

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

1221 S. State Road 7, LLC

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:**

(Principal office address MUST BE A STREET ADDRESS)

1221 S. State Road 7

Wellington, FL 33414

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

Plotnik, Feinberg & Associates, P.C., Attn: Bruce Plotnik

27313 Southfield Road

Lathrup Village, MI 48076

**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:

Corporate Creations Network Inc.

New Registered Office Address:

801 US-1

*Enter Florida street address*

North Palm Beach

Florida 33408

*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 reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*



Ashley Perkins, Special Secretary

If Changing Registered Agent, Signature of New Registered Agent

2022 JUN -9 AM 9:20  
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AND  
FILED

**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>
DIR	Richman, Gary M.	180 JFK Drive, Suite 100	<input type="checkbox"/> Add
		Atlantis, FL 33462	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
DIR	Berkowitz, Ezra	180 JFK Drive, Suite 100	<input type="checkbox"/> Add
		Atlantis, FL 33462	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
DIR	Cohn, Michael	180 JFK Drive, Suite 100	<input type="checkbox"/> Add
		Atlantis, FL 33462	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
DIR	Rosenfield, Jeffrey	180 JFK Drive, Suite 100	<input type="checkbox"/> Add
		Atlantis, FL 33462	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
DIR	Clancy, James T.	180 JFK Drive, Suite 100	<input type="checkbox"/> Add
		Atlantis, FL 33462	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
DIR	Mikolajczak, Michael	180 JFK Drive, Suite 100	<input type="checkbox"/> Add
		Atlantis, FL 33462	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

**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	Kohn, Marvin	180 JFK Drive, Suite 100	<input type="checkbox"/> Add
		Atlantis, FL 33462	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Levin, John	180 JFK Drive, Suite 100	<input type="checkbox"/> Add
		Atlantis, FL 33462	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	D'Ariano, Gerard	180 JFK Drive, Suite 100	<input type="checkbox"/> Add
		Atlantis, FL 33462	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<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.)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

F. 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 April 8, 2022

April 8, 2022



Signature of a member or authorized

Signature of a member or authorized representative of a member

Marvin Kohn

Typed or printed name of signee

**Filing Fee: \$25.00**