(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer.	
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2021 JUH 10 PH 3: 48 ALLANASSEE, huch-

JUN 1 1 2021 LALBRITTON CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

gir 💎

ACCOUNT NO. : 12000000195

REFERENCE: 852426 4336482

AUTHORIZATION

COST LIMIT

ORDER DATE: June 10, 2021

ORDER TIME : 1:17 PM

ORDER NO. : 852426-005

CUSTOMER NO: 4336482

DOMESTIC AMENDMENT FILING

NAME: FT. PIERCE BENTONWOOD LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT ____ RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

_____ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER'S INITIALS:

COVER LETTER

Registration Section

TO:

Division of Cor	porations		
FT. PIERC	E BENTONWOOD LLC		
SUBJECT:	FT. PIERCE BENTONWOOD LLC Name of Limited Liability Company ed Articles of Amendment and fee(s) are submitted for filing. mall correspondence concerning this matter to the following: Robyn Tuerk, Esq. Name of Person Philips International Firm/Company 40 Cutter Mill Road, Suite 206 Address Great Neck, New York 11021 City/State and Zip Code mpagnotta@pihc.com E-mail address: (to be used for future annual report notification) information concerning this matter, please call: erk Name of Person 1 212 951-3801 Area Code Daytime Telephone Number s a check for the following amount: O Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Street Address: Registration Section		
Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. Robyn Tuerk, Esq. Name of Person Philips International Firm/Company 40 Cutter Mill Road, Suite 206 Address Great Neck, New York 11021 City/State and Zip Code mpagnotta@pihc.com E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: Jobyn Tuerk Name of Person Area Code Daytime Telephone Number Inclosed is a check for the following amount: \$\Begin{array} \text{\$25.00 Filing Fee} & \Begin{array} \text{\$55.00 Filing Fee} & \Begin{array} \text{\$60.00 Filing Fee} \Certificate of Status & Certificate Copy (additional copy is enclosed)			
Please return all correspo	ndence concerning this matter	to the following.	
	Robyn Tuerk, Esq.		
		Name of Person	
	Philips International		
		Firm/Company	
	40 Cutter Mill Road, Suite	206	
		Address	·
	Great Neck, New York 11	021	
		City/State and Zip Code	
	• •		Videotlein -
			meaton)
For further information c	oncerning this matter, please co	all:	
Robyn Tuerk			
Name o	f Person		ne Telephone Number
Enclosed is a check for the		•	-
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
			ection
Division of C		Division of Co	rporations
P.O. Box 632	27	The Centre of	
Tallahassee, 1	FL 32314	2415 N. Monro	pe Street, Suite 810

Tallahassee, FL 32303

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

ARTICLES OF A TO ARTICLES OF OR OF		The state of the s
FT. PIERCE BENTONWOOD LLC		14
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company we Florida document number L16000198049		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	y company here:	
	C Pak 1	raviation "I I C"
The new name must be distinguishable and contain the words "Limited Liability	Company, the designation "LLC of the appl	reviation is.e.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 adagent and/or the new registered office address here:	dress on our records, enter the name	of the new registered
St. D. Stand America		
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 provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and I am fo ovided for in Chapter 605, F.S. Or, i	imiliar with and If this document is

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Diana Marrone	Philips International	= Add
		419 West 49th Street, Suite 300	□ Remove
		Hialeah, Florida 33012	□Change
			□Add
			□Remove
			Remove
			Change
			□Add
			Remove
			□Change
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ective date, if other than the neffective date is listed, the date muste: If the date inserted in this blowment's effective date on the D	t be specific and cannot b ock does not meet the	e prior to date of fili applicable statuto	ing or more than 90 day	(optional) s after filing.) Pursuant to s, this date will not be	605.02 listed
cord specifies a delayed effectives filed.	e date, but not an effec	tive time, at 12:0	l a.m. on the earlier	of: (b) The 90th day s	after th
June 10 ed		·			
Lange	Signature of a member of	or authorized repres	entative of a member		_

Filing Fee: \$25.00