

8/9/24, 11:34 AM
L17000127893
Division of Corporations
Florida Department of State
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PALMS NH HOLDINGS, LLC**

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Electronic Filing Menu

Corporate Filing Menu

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K. SALY

AUG 13 2024

((1124000267906 3))

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2024 AUG 12 AM 4:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PALEMS NH HOLDINGS, 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 06/12/2017 and assigned
Florida document number 117600127893

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 "L.L.C."

Enter new principal offices address, if applicable:

615 Crescent Executive Ct., Suite 100

(Principal office address MUST BE A STREET ADDRESS)

Lake Mary, FL 32746

Enter new mailing address, if applicable:

615 Crescent Executive Ct., Suite 100

(Mailing address MAY BE A POST OFFICE BOX)

Lake Mary, FL 32746

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:

INTERSTATE AGENT SERVICES, LLC

New Registered Office Address:

100 SE 2ND STREET, SUITE 2000 #209

(Enter Florida office address)

MIAMI

Florida 33131

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.

If Changing Registered Agent, Signature of New Registered Agent

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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	Silver Palms FL Operations Holdco LLC	615 Crescent Executive Ct, Suite 100	☒ Add
		Lake Mary, FL 32746	☐ Remove
			☐ Change
MGR	ABRAHAM GALBUTA	4770 BISCAYNE BLVD, STE 1400	☐ Add
		MIAMI, FL 33137	☒ Remove
			☐ Change
MGR	GALBUT, ERIC	4770 BISCAYNE BLVD, STE 1400	☐ Add
		MIAMI, FL 33137	☒ Remove
			☐ Change
MGR	GALBUT, DANIEL	4770 BISCAYNE BLVD, STE 1400	☐ Add
		MIAMI, FL 33137	☒ Remove
			☐ Change
AR	WALTERS, ALAN S	4770 BISCAYNE BLVD, STE 1400	☐ Add
		MIAMI, FL 33137	☒ Remove
			☐ Change
P	Galbut, Abraham A.	4770 BISCAYNE BLVD, STE 1400	☐ Add
		MIAMI, FL 33137	☒ Remove
			☐ Change

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

VP, Galbraith, Daniel -4770 BISCAYNE BLVD, STE 1400 MIAMI, FL 33137 -REMOVE

S. Galbraith, Daniel -4770 BISCAYNE BLVD, STE 1400 MIAMI, FL 33137 -REMOVE

T. Galbraith, Eric R -4770 BISCAYNE BLVD, STE 1400 MIAMI, FL 33137 -REMOVE

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TALLAHASSEE, FL 32301
STATE OF FLORIDA

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: (3) The 90th day after the record is filed.

Dated August 8th

Signature of a member or authorized representative of a member

Robert Schoenfeld

Typed or printed name of signer

Filing Fee: \$25.00

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