Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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|----------------|---|---|---|--------------------|
| To:            |   |   |   |                    |
| 10.            | Division of Cor                                     | coorations  |   | - ŋ                |
|                |   | : (850)617-6383   |   | •                  |
|                |   | , ,   |   | ć.                 |
| From:          |   |   |   | 5=                 |
|                |   | : TRIPP SCOTT, P.A.   |   | o                  |
|                | Account Number                                      |   |   |                    |
|                | Phone   | : (954)525-7500<br>: (954)761-8475                              |   |                    |
| **Enter        | the email address                                   | s for this business en  | tity to be used f                       | or future          |
| **Enter<br>and | the email address<br>nual report maili              | s for this business en<br>ngs. Enter only one em                | tity to be used f<br>ail address pleas  | or future<br>se.** |
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| anr<br>Ema     | nual report maili mil Address:  LC AMND/RES         | ngs. Enter only one em<br>STATE/CORRECT (<br>UTIVE PARK HOL)    | OR M/MG RES                             |                    |
| anr<br>Ema     | ail Address:  C AMND/RES  FLT EXECT  Certificate of | ngs. Enter only one em  STATE/CORRECT ( UTIVE PARK HOL)  Status | OR M/MG RES                             |                    |
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Electronic Filing Menu

Corporate Filing Menu

Help

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

1118000315921

| FLT EXECUTIVE PARK HOLDII  | VOS L.L.C.  |                                       |
|--|---|---------------------------------------|
| (Name of the Limit   | ed Liability Company as it now appears on our<br>(A Florida Lanied Liability Company) | <u>reçords.</u> )                     |
| The Articles of Organization for this Limited I.  Florida document number 1.18000117567                                    | ability Company were filed on 05/10/2018  | and assigned                          |
| This amendment is submitted to amend the foll  | owing:  | 5a                                    |
| A. If amending name, enter the new name of   | the limited liability company here:   | ,                                     |
| The new name must be distinguishable and contain the v   | ords "Limited Liability Company," the designation                                     | n "L1.C" or the abbreviation ?L.L.C." |
| Enter new principal offices address, if applic   |   | - :11                                 |
| (Principal office address MUST BE A STREE  |   | <u>ر ب</u>                            |
|  |   |                                       |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and | for registered office address on our t  | ecords, enter the name of the no      |
| registered agent and/or the new registered of  | ffice address here:   |                                       |
| Name of New Registered Agent:  | ROBERT MEACHAM, ESQ.  |                                       |
| New Registered Office Address:   | C/O TRIPP SCOTT, P.A., 110 SE GTH S   |                                       |
|  | Enter Florida stre  |                                       |
|  | FORT LAUDERDALE   | , Florida 33301                       |
|  | City  | zip Coae                              |

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 become added or removed from our records:

MGR = Manager AMBR = Authorized Member

| Title | Name         | Address                                  | Type of Action |
|-------|--------------|--|----------------|
| MBR   | HOWARD KALIK | 6821 NORTHWEST 15TH AVE.                 |                |
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|       |              | FORT LAUDERDALE, FL 33309                | ≅ Remove       |
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| ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cann  ote: If the date inserted in this block does not meet to becoment's effective date on the Department of State' | the app!icabl   | date of filing o<br>le statutory fi | more dian 90 d | _ (optional<br>ays effer tilin<br>ents, this date | g.) Pursuan | i to 605.0<br>be listed |
| comence effective date on the Department of State   | s records.      |                                     |                |   |             |                         |
| e record specifies a delayed effective date,<br>The 90th day after the record is filed.   | , but not a     | an effective                        | e time, at 1   | 2:01 a.m.   | on the      | earlle                  |
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| Signature of a memb   | per or nuthoriz | ed representat                      | ve of a membe  | ,   |             |                         |

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Filing Fee: \$25.00