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(((H210003120163)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : M. BURR KEIM COMPANY

Account Number : I19990000242 : (215)563-8113 Fax Number : (215)977-9386

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

C11	Address			
1 m 1 1 1	NUMBER.			

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Certificate of Status	0
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Fax: (850) 617-6383

(((H210003120163)))

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Baysid	le-Michaels, LLC			
(Name of the Limited Linbility Co (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)			
The Articles of Organization for this Limited Liability Comp Florida document number <u>L18000237829</u>	pany were filed on 10/15/2018	an	d assign	ed
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 th	ne abbreviatio	on "L.L.C	**
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRES:	<u>s)</u>		207	
Enter new mailing address, if applicable:		### 	AUG	
(Mailing address MAY BE A POST OFFICE BOX)	20		9 1	<u> </u>
			P: 12:	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>enter the i</u>	name of th	e new r	<u>egisterec</u>
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address		- <u></u>	
	, Florida	a		
	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

08/19/2021 11:33 AM

Fax: (850) 617-6383

To:

(((H210003120163)))

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>	Name	Address	Type of Action
MGR	John J. O'Donnell	2 Cooper Street, 14th Floor	🗀 Add
		Camden, NJ 08102	■Remove
			□Change
MGR	Michael J. Levitt Revocable Trust	2 Cooper Street, 14th Floor	≣ Add
		Camden, NJ 08102	770
			Change
			□Add
			□Кепюче
			□Add
			□Remove
			☐ Change
			□Add
			☐ Remove
			□ Add
			Remove
			(Change

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n el	option (option) (opti	ling.) Pursuant to 605.02 late will not be listed
ore:	to the date inserted in this procedures for meet the applicable statutory thing requirements, was elent's effective date on the Department of State's records.	ane with not be fisted.
		*** 00.1 L 0
eco is f	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) led.	rne 90th day after in
	meth.	
	Dated August 2021	

Typed or printed name of signee