118000290054

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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2022 EEE 19 PH 3:40

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 627490 4500665

AUTHORIZATION :

COST LIMIT : '\$' \$5.400

ORDER DATE : April 19, 2022

ORDER TIME : 2:26 PM

ORDER NO. : 627490-220

CUSTOMER NO: 4500665

DOMESTIC AMENDMENT FILING

NAME: PF HIALEAH 3, 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: Alexxis Weiland -- EXT#

EXAMINER'S INITIALS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	PF Hialeah 3, LI	_C			
(Name of the Limi	ed Liability Company as it (A Florida Limited Liability	now appears on our records. Company))		
he Articles of Organization for this Limited L	iability Company were f	iled on 12/20/2018	and assigned		
lorida document number L18000290054					
his amendment is submitted to amend the foll	owing:				
. If amending name, enter the new name o	f the limited liability co	mpany here:			
GFP Hialeah 3, LLC					
he new name must be distinguishable and contain the v	vords "Limited Liability Com	pany," the designation "LLC"	or the abbreviation "L.L.C."		
Inter new principal offices address, if applic	able:		23		
Principal office address MUST BE A STREE	T ADDRESS)				
	-				
			25 A		
Enter new mailing address, if applicable:		 	· · · · · · · · · · · · · · · · · · ·		
Mailing address MAY BE A POST OFFICE BOX)					
. If amending the registered agent and/or regent and/or the new registered office address Name of New Registered Agent:		s on our records, <u>enter t</u>	he name of the new regist		
New Registered Office Address:	11770 West Council Devil Coin 105				
New Registered Office Address.		Enter Florida street address			
	Coral Springs	, Flor	ida <u>33065</u>		
	Cit	n'	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

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>	Address	Type of Action
			□Add
			□Remove
			□Add
			□Remove
			Change
			☐Remove
			Change
			□Add
			□Remove
			□Change
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ective date if other the	an the date of filing:		(ontional)
n effective date is listed, the d	an the date of filing:	to date of filing or more than 9	0 days after filing.) Pursuant to 605,020
	this block does not meet the applic to the Department of State's records		ments, this date will not be listed a
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roord specities a delayed c	effective date, but not an effective ti	ime at 12:01 a.m. on the ea	rlier of: (b) The 90th day after the
s filed.	modific take, that has an effective to	ine, at 12.01 a.m. on the ca	The or (o) The First day the line
	2022		
ted April 18		 '	
acd April 18	::	 ·	

Filing Fee: \$25.00

Typed or printed name of signee