Division of Corporations Electronic Filing Cover Sheet

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(((H19000225175 3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MARK B. GOLDSTEIN, P.A.

Account Number : 120060000077

Phone : (561)989-9955 Fax Number : (561)989-9966

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FOREST HILLS THREE ACRES, LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

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A. LUNT

ARTICLES OF AMENDMENT (((((((H19000225175 3)))))) TO ARTICLES OF ORGANIZATION **OF**

FOREST HILLS THREE ACRES, LLC	
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number L19000180881	ny were filed on 07/24/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
The new name must be distinguishable and contain the words "Limited Lia"	bility Company," the designation "LLC" or the abbreviation "L.L.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)	
P. If apprehing the registered agent and/or registered	office address on our records, enter the name of the ne
registered agent and/or the new registered office address he	
Name of New Registered Agent:	
New Registered Office Address:	Enter Fiorida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agen	t:

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 remo(total 400000225175 3))))))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Both R. Kallinan	750 S. OCEAN BLVD., 7N, BOCA RATON, FL 33431	■ Add
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Effective date, if other than the da	te of filing:		(optional)	٠	
Effective date, if other than the da If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depa he record specifies a delayed en The 90th day after the record	does not meet the applic riment of State's records. ffective date, but no	able statutory filing re	equirements, this date w	rill not be li:	sted as
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Dated June 26	, 2019	-////			
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