119000 232 978

| (Requ | uestor's Name) | |
|----------------------------|----------------|-------------|
| (Addr | ess) | |
| (Addr | ess) | |
| (City/: | State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Busi | ness Entity Na | me) |
| (Docu | ument Number |) |
| Certified Copies | Certificate | s of Status |
| Special Instructions to Fi | ling Officer: | |
| | | |
| | | |
| | | |

Office Use Only



800335848998

10/22/19--01019--005 **60.00

2019 OCT 22 PH 12: 39
SECT STATE OF STATE TABLE

Y SILLING

COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: PARK CENTRE PARTNERS LLC Name of Limited Liability Company |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Kenneth ISRAEL Name of Person |
| Firm/Company |
| 615 OCEAN BLVD |
| COLDEN BEACH FL 33160 City/State and Zip Code OFFICE Q, KEI PROPERTIES COM E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Kenneth Israel at (305) 776-9194 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: \$\Begin{array}{ c c c c c c c c c c c c c c c c c c c |

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Park Centre Partners, LLC | | | | | |
|---|--|---------------|--|--|--|
| (Name of the Limited Liability Comps (A Florida Limited | iny as it now appears on our records.) Liability Company) | | | | |
| The Articles of Organization for this Limited Liability Company | were filed on | nd assigned | | | |
| Florida document number L19000232978 | | | | | |
| This amendment is submitted to amend the following: | | | | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | | | | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" or the abbreviat | ion "L.L.C." | | | |
| Enter new principal offices address, if applicable: | 1250 E. Hallandale Beach Blvd Management Office, GFS | | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | | | |
| | Hallandale Beach, FL 33009 | | | | |
| | 1050 5 11 11 11 10 11 11 | | | | |
| Enter new mailing address, if applicable: | 1250 E. Hallandale Beach Blvd | | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | Management Office, GFS | 201 | | | |
| | Hallandale Beach, FL 33009 | <u> </u> | | | |
| | - 100 255 | | | | |
| B. If amending the registered agent and/or registered o | | | | | |
| registered agent and/or the new registered office address her | <u>e:</u> | ni | | | |
| | | ₩ ₩ | | | |
| Name of New Registered Agent: | 21.5 | <u> </u> | | | |
| New Registered Office Address: | · | | | | |
| | Enter Florida street address | | | | |
| | , Florida | - | | | |
| | 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

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 |
|------------------------------|---|---|----------------|
| MGR | Kenneth Israel | N350 E. Hallandale Beach Blvd Hallandale Beach, FL 33009 | ■ Add |
| | | | ☐ Remove |
| | | | Change |
| AMBR Israel Family Noam, LLC | 615 OCEAN BOULEVARD GOLDEN BEACH, FL 33160 | = Add | |
| | | | □ Remove |
| | | | Change |
| | | D Add | |
| | | | Remove |
| | | □ Change | |
| | | | Add |
| | | | □ Remove |
| | | Change | |
| | | □ Add | |
| | | □ Remove | |
| | | | Change |
| | | | |
| | | | □ Remove |
| | | | □ Change |

| | | | | | | |
|---|--------------------------------|--|----------------|--------------|--|----------------|
| | | | | | | |
| | | | | | | |
| · · · · · · · · · · · · · · · · · | | | | ·· | | _ |
| | | | | | <u> </u> | |
| | | | | | | |
| | | | | 7 | | |
| | | | | | | |
| | | | | | | _ |
| | | | | | | |
| | | | | | | _ |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | _ . | | | - - |
| | | | | | | |
| | | <u>. </u> | | | | _ |
| · · · · | | | | | | _ |
| | | | | | | |
| | | | | | | |
| | | | | | | _ |
| Section for the second of the second | i cer O | otobar 11 20 | 10 | 4 | | |
| Effective date, if other than the fan effective date is listed, the date mu | | | | | onal) r filing.) Pursuant to 6 | 505.0207 |
| Note: If the date inserted in this b | ock does not meet t | the applicable | | | | |
| locument's effective date on the D | eparanent of state | s records. | | | | |
| e record specifies a delaye The 90th day after the rec | deffective date, ord is filed. | , but not a | n effective ti | ne, at 12:01 | a.m. on the ear | rlier of |
| October 13 | 20 |)19 | | | | |
| 11/5 | <u> </u> | | | | | |
| | the state of | | | | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00