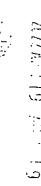
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(Requestor's Name)
(Address)
<b>,</b> ,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195	
REFERENCE : 627490 4500665	
AUTHORIZATION: Spelle man	
COST LIMIT : \$55.00	
ORDER DATE : April 19, 2022	-
ORDER TIME : 2:24 PM	
ORDER NO. : 627490-190	
CUSTOMER NO: 4500665	
DOMESTIC AMENDMENT FILING	
NAME: PF ALLAPATTAH, 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	

EXAMINER'S INITIALS:

CONTACT PERSON: Alexxis Weiland -- EXT#

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

	PF Allapattah, LLC		
(Name of the Lim	ited Liability Company as it now appea (A Florida Limited Liability Company)	irs on our records.)	<del></del>
The Articles of Organization for this Limited Elorida document number $\frac{L19000278056}{L19000278056}$	Liability Company were filed on 1	1/07/2019	and assigned
his amendment is submitted to amend the fol	llowing:		
. If amending name, enter the new name	of the limited liability company h	ere:	
GFP Allapattah, LLC			
he new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if appli	icable:	·	C rs
Principal office address MUST BE A STRE	ET ADDRESS)	<u>:-</u>	2602 ATO
			<u> </u>
			9
inter new mailing address, if applicable:		·	
(Mailing address MAY BE A POST OFFICE BOX)			•
			. 9
		records, <u>enter the name</u>	of the new register
gent and/or the new registered office address  Name of New Registered Agent:	ess here: Scott Linsky		of the new register
gent and/or the new registered office addre	Scott Linsky  11760 West Sample Road, Suite		of the new register
<u> </u>	Scott Linsky  11760 West Sample Road, Suite	105	

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
			Change
			□Remove
		<u>.</u>	□Change
			□Add
		<u>.                                    </u>	Remove
			□Change
			☐Add ☐Add 9 ☐Remove
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ective date, if other than to effective date is listed, the date	he date of filing:		(option	ıal)
te: If the date inserted in this	block does not meet the ap	plicable statutory filir	fore than 90 days after fi g requirements, this o	ling.) Pursuant to 605.020 late will not be listed a
cument's effective date on the	: Department of State's reco	rds.		
cord specifies a delayed effec	rive date, but not an effectiv	re time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
s filed.			, .	·
ed April 18	2022			
led	··	·		
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Filing Fee: \$25.00

Typed or printed name of signee