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2022-07-27 18:18:38 GMT

17183041175

7/27/22, 12:18 PM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220002541093)))



H2200025410934BCZ

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To:

Division of Corporations Fax Number : (850)617-6383

From:

Account Name : INTERSTATE FILINGS LLC Account Number : I20110000086 Phone : (718)569-2703 Fax Number : (718)504-7890

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

Email Address: orders@interstatefilings.com

| WINTER PARK F | L PROPCO LLC |
|-----------------------|--------------|
| Certificate of Status | 0 |
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Help JUL 2.7 2022 K. Brumblas

| Page: 3 of 5 | 2022-07-27 18:18:38 GMT (((H22000254109 | 17183041175 | From: Alexander Englard |
|--|--|--|----------------------------|
| | ARTICLES OF A | WENDMENT | |
| | ТО | | |
| 1 | ARTICLES OF OR | GANIZATION | |
| | OF | | |
| WINTER PARK FL | PROPCO LLC | | |
| (Name of | the Limited Liability Company (A Florida Limited Liab | as it now appears on our records.) ility Company) | |
| | | | |
| The Articles of Organization for this L | imited Liability Company we | re filed on 02/05/2020 | and assigned |
| Florida document number L200000 | 34538 | | |
| This amendment is submitted to amend | I the following: | | |
| A. If amending name, enter the new | name of the limited liabilit | y company here: | |
| | | | |
| The new name must be distinguishable and en | d with the words "Limited Liability | Company," the designation "LLC" of | the abbrevitation "L.L.C." |
| Enter new principal offices address, | if applicable: | | |
| (Principal office address MUST BE A | STREET ADDRESS) | | |
| | _ | | |
| | | | |
| Enter new mailing address, if applie | able: _ | | |
| (Mailing address MAY BE A POST C | FFICE BOX) | | |
| | _ | | |
| | | | |
| B. If amending the registered ag registered agent and/or the new regi | | e address on our records, <u>en</u> | iter the name of the new |
| registered agent and/or the new regi | steren onive andress nere. | | 1 AL |
| Name of New Registered Ag | ant | | |
| ixame of ixew ixegistered Ag | <u></u> | | SA N T |
| New Registered Office Addr | :55: | **** | |

New Registered Agent's Signature, if changing Registered Agent:

To:

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. Thereby confirm that the limited liability company has been notified in writing of this change.

City

Enter Florida street address

Florida

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|-------------|------|-----|------|--|
|-------------|------|-----|------|--|

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(((H22000254109.3))) If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or</u> Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|-------------------------------|---------------------------|----------------|
| AMBR | FL SNF Propco Holdings II LLC | 980 Sylvan Ave | _ Add |
| | | Englewood Cliffs, NJ 0763 | 32 Remove |
| MGRM | HYMAN, SIMCHA | 980 Sylvan Ave | 🗖 Add |
| | | Englewood Cliffs, NJ 0763 | 32 E Remove |
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|--------------|------------------------|--|---------------------------------|------------------------|
| •••• | | (((H2200025+1093))) | | |
| D. If amend | ing any other inforr | nation, enter change(s) here: (Attach aa | lditional sheets, if necessary. | |
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| E. Effective | date, if other than th | he date of filing: | (optional) | |
| | | anot he prior to date of receipt or filed date and can Florida Department of State) | not be more than 90 days after | |
| Dated 07 | | 2022 | | |
| Dated | | | | |
| | | The | | |
| | | / | | |
| | | Signature of a member of authorized representation | ative of a member | |
| | SIMCHA HY | | | |
| | | Typed or printed name of signe | te · | |

To:

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