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| (Requestor's Name) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 627490 AUTHORIZATION COST LIMIT ORDER DATE: April 19, 2022 ORDER TIME : 2:25 PM ORDER NO. : 627490-195 CUSTOMER NO: 4500665 DOMESTIC AMENDMENT FILING NAME: PF CORAL GABLES, 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 Coral Gables, LLC | | |
|--|---|---------------------------------|-----------------------|
| (Name of the Lim | ited Liability Company as it now ap (A Florida Limited Liability Compa | opears on our records.) any) | |
| The Articles of Organization for this Limited I | iability Company were filed or | 02/12/2020 | and assigned |
| Florida document number 1.20000042901 | · | | |
| This amendment is submitted to amend the fol | lowing: | | |
| A. If amending name, enter the new name of | of the limited liability compan | w here: | |
| GFP Coral Gables, LLC | | | . 2 |
| The new name must be distinguishable and contain the | words "Limited Liability Company," | the designation "LLC" or the | abbreviation "L.L.C." |
| P | | | - |
| Enter new principal offices address, if appli | <u></u> | | |
| Principal office address MUST BE A STRE | <u>ET ADDRESS)</u> | | |
| | | | · |
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| Enter new mailing address, if applicable: | L | | |
| Mailing address MAY BE A POST OFFICE | · ROX) | | |
| Management of the Control of the Con | | | |
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| 3. If amending the registered agent and/or | rogistored office address on a | ur records, enter the na | mo of the new regist |
| agent and/or the new registered office addre | U | ar records, enter the na | me of the new regist |
| | | | |
| Name of New Registered Agent: | Scott Linsky | | |
| New Registered Office Address: | 11760 West Sample Road, Sc | iite 105 | |
| The regulated Street (March). | Enter | Florida street address | |
| | Coral Springs | Florida ³ | 3065 |
| | 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> | Name | Address | Type of Action |
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| ffective date, if other than the an effective date is listed, the date im Note: If the date inserted in this blocument's effective date on the L | lock does not mee | t the applicabl | date of filing or a e statutory fili | nore than 90 days ng requirements | optional) after filing.) Pursu , this date will no | ant to 605,0207 of be listed as (|
| record specifies a delayed effecti d is filed. | ve date, but not an | effective time | e, at 12:01 a.m. | on the earlier o | f: (b) The 90th | day after the |
| Pated April 18 | | 2022 | | | | |
| | _ `. | | • | | | |

Filing Fee: \$25.00

Typed or printed name of signee