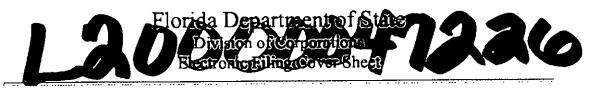
**Division of Corporations** 

3/3/2020



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.

(((H20000071294 3)))



H200000712943ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INTERSTATE FILINGS LLC

Account Number : I20110000086 Phone : (718)569-2703 : (718)504-7890 Fax Number

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

Enail Address: contact@interstatefilings.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EASTON MD PROPCO LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help SIMMONS MAR 0 4 2020

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EASTON MD PROPCO LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now annears on our records.) Builty Company)	
The Articles of Organization for this Limited Liability Company w	ere filed on 2/10/2020	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
DAYTONA BEACH FL PROPCO LLC		
The new name must be distinguishable and end with the words "Limited Liabili	ty Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		202D
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		The state of the s
(Mailing address MAY BE A POST OFFICE BOX)		
		ω
B. If amending the registered agent and/or registered office address here:	ice address on our records,	enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	ETHET I TOTALL SHEET CHARESS	
	Flor	rida Zip Code
	Ciţ	ZIP COUR

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

Page 1 of 3

MGR = Manager

m: Interstate Filings LLC To: ERSTON (P(PPESODE)00712943)))

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
		<del></del>	
			D.A.d.d
			<b>5</b> r
			Remove
			<del></del>
			Add
		STORAL TARK	
		MA.	
		l (==	
			□ Add
		7	
		Remove ————————————————————————————————————	
			173
			_
			Remove
			□ Add
			Remove
<u></u>			Add
			☐ Remove

rstate Filings LLC Te:EASTONYID PROPCOFF[200000712943)))	11:41 03/03/20 ET Pg 5-5
D. If amending any other information, enter change(s) here: (Attach additional sheets	, if necessary.)
	<del></del>
<del></del>	
E. Effective date, if other than the date of filing:	(optional)
(The effective date, if other trian the date of thing.  (The effective date must be specific, cannot be prior to date of recept or filed date and cannot be more than the date this document is filed by the Florida Department of State)	90 days tare
(Dated) - 3/3/20	····
SIMCHA HYMAN	

Page 3 of 3

Typed or printed name of signee