

(((H230002432753)))



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To:	Division of Corporations Fax Number : (850)617-6383		2023 JUL
From:		;	
ri Qili.	Account Name : INTERSTATE FILINGS LLC Account Number : I20110000086 Phone : (718)569-2703 Fax Number : (718)504-7890		PH 8:25

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

Email Address: CONTACT@INTERSTATEFILINGS.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VENICE FL OPCO LLC

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S. ROBERTS

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			AMENDMENT	
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			DRGANIZATION	
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	VENICE FL OPCO L	LC		
	(Nan	ne of the Limited Liability Comp	any as it now appears on our records Liability Company)	<u>i.</u>)
The Arti	cles of Organization for th	is Limited Liability Company	were filed on	and assigned
	locument number L20000			
ant i				
This am	endment is submitted to an	nend the following:		
A. If an	nending name, enter the	new name of the limited liab	pility company here:	
The new o	ame must be distinguishable an	d contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
l'inter n	ew principal offices addre	es if anntiaghla	615 Crescent Executive Court, S	Suite 100
	• •	•••	Lake Mary, Florida 32746	702
(Princip	ai office address MUST B	<u>'E A STREET ADDRESS)</u>	. <u></u>	
			· · · · · · · · · · · · · · · · · · ·	
Enterne	ew mailing address, if app	plicable:	615 Crescent Executive Court, S	Suite 100
	ew mailing address, if ap address MAY BE A POS		615 Crescent Executive Court 5 Lake Mary, Florida 32746	Suite 100
	2		· · · · · · · · · · · · · · · · · · ·	Suite 100
	2		· · · · · · · · · · · · · · · · · · ·	
<u>(Mailing</u> B. If am	address MAY BE A POS	<u>T OFFICE BOX)</u> ent and/or registered office :	· · · · · · · · · · · · · · · · · · ·	<u></u>
<u>(Mailing</u> B. If am	address MAY BE A POS	<u>T OFFICE BOX)</u> ent and/or registered office :	Lake Mary, Florida 32746	
<u>(Mailing</u> B. If am	address MAY BE A POS	<u>T OFFICE BOX)</u> ent and/or registered office :	Lake Mary, Florida 32746	

To:

Enter Florida street address

, Florida ______ 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 1 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Fage: 4 o⊱5	2023-07-11 19:38:55 GMT (((1-123000243275 3)))	17183041175	From: Alexander Engli
If amending Authorized Person(s) at or removed from our records:	thorized to manage, <u>enter the title</u>	, name, and address of each person	being added

MGR =	Manager
AMBR =	Authorized Member

I

To:

<u>Title</u>	Name	Address	Type of Action
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			🗆 Add
		,	🗌 Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated	2013 Ar Mill	
	Signature of a member of authorized representative of a member	
	Robert Schoenfeld	
	Typed or printed name of signce	

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