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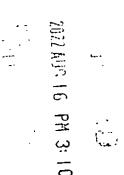
(Ke	questor's Name)	
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Special Instructions to	Filing Officer:	

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Chrysos

COVER LETTER

	egistration Sec vision of Corp			
31.m x 1m	PARK RD,		•	· •
SUBJECT:			nited Liability Company	•
The enclose	d Articles of A	Amendment and fee(s) are sub	bmitted for filing.	
Please return	n all correspor	idence concerning this matter	to the following:	
		ILAN BALLY		
			Name of Person	
			Firm/Company	
		10801 NW 7TH AVENUE	Ē	
			Address	
		MIAMI, FL 33168		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report noti	fication)
For further in	nformation co	ncerning this matter, please c	all:	
JOE A CAT	ARINEAU		305 596-7883	
	Name of I	Person		Telephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enciosed)
	iling Address: gistration Se	ection	<u>Street Address:</u> Registration Sec	ction

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PARK RD, LLC		
(Name of the Limited I	iability Company as it now appears on our records.) Florida Limited Liability Company)	16
The Articles of Organization for this Limited Liabi Florida document number L20000078187	lity Company were filed on 3/10/2020	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
BALLY PROPERTIES, LLC		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	DDRESS)	
	_	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	<u></u>	
B. If amending the registered agent and/or regis agent and/or the new registered office address he	tered office address on our records, <u>enter the</u> ere:	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	 _
_	, Florid	a
	Citv	Zin 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 adder removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			
			Петоче
			Change
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fective date, if other than the date of f in effective date is listed, the date must be specificate: If the date inserted in this block does recument's effective date on the Department	c and cannot be price of meet the applications.	or to date of filing		(optional) s after filing.) Pr s, this date wil	orsuant to 605.02 I not be listed
ecord specifies a delayed effective date, but is filed.	not an effective	time, at 12:01 a.	n. on the earlier	of: (b) The 9	Oth day after th
ed <u>Aug 12</u>	_, 2022	<u>]</u> .			
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