

12/9/22, 4:40 PM

Division of Corporations

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet**LA 0000194497**

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.

(((H22000415633 3)))



H22000415633ABC-

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 : 120110000086
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

SECRETARY OF STATE
TALLAHASSEE, FL

2022 DEC 12 PM 5:24

FILED

2022 DEC 12 PM 5:24

LLC AMND/RESTATE/CORRECT OR M/MIG RESIGN
OCALA FL HOLDCO LLC

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

C. BRUMBLEY

DEC-12-2022

Electronic Filing Menu

Corporate Filing Menu

Help

(((H22000415633 3)))
**ARTICLES OF AMENDMENT
 TO
 ARTICLES OF ORGANIZATION
 OF**

OCALA FL HOLDCO LLC

(Name of the Limited Liability Company as it now appears on our records.)
 (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/10/2020 and assigned

Florida document number L20000194497.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3512 QUENTIN ROAD, SUITE 202

BROOKLYN, NY 11234

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3512 QUENTIN ROAD, SUITE 202

BROOKLYN, NY 11234

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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

Page 1 of 3

(((H22000415633 3)))

FILED
 2022 DEC 12 PM 5:24
 SECRETARY OF STATE
 TALLAHASSEE, FL

(((H22000415633 3)))

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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	HYMAN, SIMCHA	980 SYLVAN AVE	☐ Add
		ENGLEWOOD CLIFFS, NJ 07632	☒ Remove
AMBR	LILAC SNF HOLDCO LLC	3512 OUENTIN ROAD, SUITE 202	☒ Add
		BROOKLYN, NY 11234	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

(((E22000415633 3)))

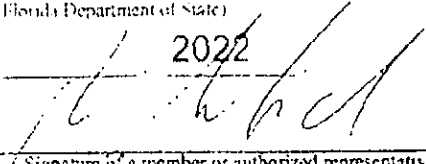
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 11/08

2022



Signature of a member or authorized representative of a member

ROBERT SCHOENFELD

Typed or printed name of signer

Page 3 of 3

(((E22000415633 3)))