

L20000304624

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

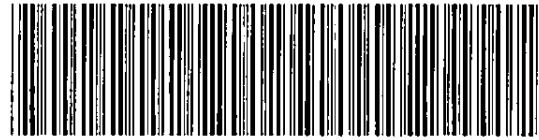
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Instructions to Filing Officer:

J. HORNE
APR 27 2023

Office Use Only



400407521524

2023 APR 26 AM 11:17
SECRETARY
TALLAHASSEE

FILED



2023 APR 26 AM 11:21
RECEIVED
TALLAHASSEE


CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 700797 4305611

AUTHORIZATION :

COST LIMIT : \$ 25.00



ORDER DATE : April 25, 2023

ORDER TIME : 9:47 AM

ORDER NO. : 700797-005

CUSTOMER NO: 4305611

DOMESTIC AMENDMENT FILING

NAME: 6401 N. NOB HILL ROAD, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER'S INITIALS: _____

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

6401 N. Nob Hill Road, LLC

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

2023 APR 26 AM 11:11
SECRETARY
TALLAHASSEE

The Articles of Organization for this Limited Liability Company were filed on 10/06/2020 and assigned

Florida document number L20000304624

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 contain 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)

4660 Trindle Rd Ste 301

Camp Hill, PA 17011-5610

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4660 Trindle Rd Ste 301

Camp Hill, PA 17011-5610

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

or removed from our records: enter the title, name, and address of each person being added

MGR = Manager

AMBR = Authorized Member

[illegible]

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

[illegible]

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 4/25/2023, 2023

- DocuSigned by:

Thomas Whalen

-478DE08FB36D4A8 Signature of a member or authorized representative of a member

Thomas Whalen, Member

Typed or printed name of signee

Filing Fee: \$25.00