

6/2/2021

L21000099065

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : Vcorp SERVICES, LLC
Account Number : 120080000067
Phone : (845)425-0077
Fax Number : (845)818-3588

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SOUTH JACKSONVILLE FL PROPCO LLC**

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JUN 04 2021

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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOUTH JACKSONVILLE FL PROPCO 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 3/9/2021 and assigned
Florida document number L21000099065.

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

55 Broadway, Suite 2001

New York, NY 10006

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

55 Broadway, Suite 2001

New York, NY 10006

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:

Vcorp Services, LLC

New Registered Office Address:

5011 South State Road 7, Suite 106

Enter Florida street address

Davie

City

Florida

33314

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.



Mimi Sanik

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 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>
MGR	Simcha Hyman	980 Sylvan Avenue	☐ Add
		Englewood Cliffs, FL 07632	☒ Remove
			☐ Change
AMBR	Aurora PPG MC FL Holdco LLC	55 Broadway, Suite 2001	☒ Add
		New York, NY 10006	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

2021 JUN -3 PM 4:07
FILED
TALAMASSEE, CO
CLERK OF COURT

SECRET
TALLAHASSEE

FILED
2021 JUN -3 PM 4:14
FEDERAL BUREAU OF INVESTIGATION
TALLAHASSEE, FLORIDA

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Dated 6/02, 2021

Joe Linn

Signature of a member or authorized representative of a member

Joel Landau

Typed or printed name of signee