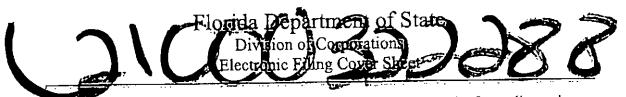
7/20/22, 2:50 PM

Division of Corporations



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.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : WARD, DAMON & POSNER, P.A.

Account Number : 072262000447 Phone : (561)842-3000 Fax Number : (561)842-3626

**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

FPC CREEKSIDE, LLC

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COVER LETTER

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SUBJEC	Name of Limited Liability Company				
The enclo	Division of Corporations FPC CREEKSIDE, LLC BJECT:				
Please ret	turn all correspor	ndence concerning this matter	to the following:		
		Adam R. Seligman			
			Name of Person		
		Ward Damon PL			
			Firm/Company		
		4420 Beacon Circle	Address		
			•		
		West Palm Beach, FL 3340			
		aseligman@warddamon.cor		e of Status & Copy copy is enclosed)	
		Name of Limited Liability Company of Amendment and fee(s) are submitted for filing. spondence concerning this matter to the following: Adam R. Seligman Name of Person Ward Damon PL Firm/Company 4420 Beacon Circle Address West Palm Beach, FL 33407 City/State and Zip Code aseligman@warddamon.com E-mail address: (to be used for future samual report notification) on concerning this matter, please call: at (
For furth	er information o	oncerning this matter, please of	ajł:		
Adam R.	. Seligman		at ()		
	Name o	f Person	Area Code Daytime Telephone Number		
Enclosed	l is a check for th	ne following amount:			
■ \$25.	00 Filing Fee		Certified Copy Certificate of Certificate of Certified Copy (additional copy is enclosed) Certified Co	of Status & opy	
	Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section Porporations 7	Registration Section Division of Corporations The Centre of Tallahassee		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FPC CREEKSIDE, LLC	<u>-</u> -	
(Name of the Limited Liabilit (A Florida	ty Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Conference of Comment number L21000322288	company were filed on 7/14/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or the abl	exerciation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable: (Mailing address MAX BE A POST OFFICE BOX)		
[Matting dudiess MAX BEAT OST OFFICE PASS		202 A.S.
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street address	1 1: 19 SAIT LORIDA
	, Florida	Zip Cods
	City	er com

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AR	PAUL FORBERGER	120 S OLIVE AVE, STE 404	
		WEST PALM BEACH, FL 33401	□Remove
			□Add
			□Remove
			□Add
			CRemove
			☐ Change
			□Add
			□Remove
			☐ Change
			□Add
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			Change
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			Change

amei	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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iote:	ve date, if other than the date of filing:
record	d 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
ated ₄	July 20 2022 0
	Signature of a member or authorized representative of a member
	Signature of a memori of authorized representative of a member

Filing Fee: \$25.00