

12/12/22, 11:03 AM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L21000324924

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.

(((H220004169123)))



H220004169123AEC.

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 : 1201100000086
Phone : (718)569-2703
Fax Number : (718)504-7890

SECRETARY OF STATE
TALLAHASSEE, FL

2022 DEC 12 AM 10:08

FILED

****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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ST AUGUSTINE FL OPCO LLC.

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

2022 DEC 12 PM 2:35

C. BRUMBLEY
DEC 13 2022

Electronic Filing Menu

Corporate Filing Menu

Help

(((H22000416912 3)))

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ST. AUGUSTINE FL OPCO LLC.

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

FILED
2022 DEC 12 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FL.

The Articles of Organization for this Limited Liability Company were filed on 07/15/2021 and signed
Florida document number L21000324924.

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

(((H22000416912 3)))

(((H22000416912 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>
<u>D</u>	<u>St. Augustine FL Holdco LLC</u>	<u>980 SYLVAN AVE</u>	☐ Add
		<u>ENGLEWOOD CLIFFS, NJ 07632</u>	☒ Remove
		<u>-----</u>	
<u>AMBR</u>	<u>St. Augustine FL Holdco LLC</u>	<u>3512 QUENTIN ROAD, SUITE 202</u>	☒ Add
		<u>BROOKLYN, NY 11234</u>	☐ Remove
		<u>-----</u>	
		<u>-----</u>	☐ Add
		<u>-----</u>	☐ Remove
		<u>-----</u>	
		<u>-----</u>	☐ Add
		<u>-----</u>	☐ Remove
		<u>-----</u>	
		<u>-----</u>	☐ Add
		<u>-----</u>	☐ Remove
		<u>-----</u>	
		<u>-----</u>	☐ Add
		<u>-----</u>	☐ Remove
		<u>-----</u>	

(((H22000416912 3)))

(((H22000416912 3)))

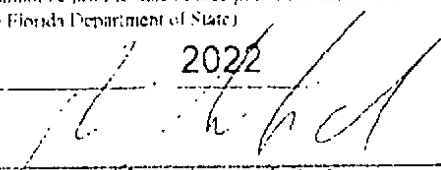
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

F. 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

(((H22000416912 3)))