

To: -18506176383

Page: 2 of 5

2021-12-10 21:01:25 GMT

sent: 03/17/21

From: Alexander England

12/10/21, 2:57 PM

**L21000370337**

Division of Corporations  
Florida Department of State  
Electronic Filing Cover Sheet

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To:

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
THE MERIDIAN AT 2825 LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
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| Page Count            | 03      |
| Estimated Charge      | \$25.00 |

DEC 13 2021

A. LUNT

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DIVISION OF CORPORATIONS

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE MERIDIAN AT 2825 LLC

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

FILED  
CLERK OF CIRCUIT COURT  
DIVISION OF CORPORATE  
2021 DEC 10 AM 10:37

The Articles of Organization for this Limited Liability Company were filed on 08/18/2021 and assigned  
Florida document number L21000370337.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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**

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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>                      |
|--------------|------------------------|----------------------------|--|
| MGR          | GRUMAN, SEEMA          | 15 AMERICA AVENUE, STE 301 | <input type="checkbox"/> Add               |
|              |                        | LAKEWOOD, NJ 08701         | <input checked="" type="checkbox"/> Remove |
|              |                        |                            |  |
| MGR          | FT MYERS PORTFOLIO LLC | 15 AMERICA AVENUE, STE 301 | <input checked="" type="checkbox"/> Add    |
|              |                        | LAKEWOOD, NJ 08701         | <input type="checkbox"/> Remove            |
|              |                        |                            |  |
|              |                        |                            | <input type="checkbox"/> Add               |
|              |                        |                            | <input type="checkbox"/> Remove            |
|              |                        |                            |  |
|              |                        |                            | <input type="checkbox"/> Add               |
|              |                        |                            | <input type="checkbox"/> Remove            |
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|              |                        |                            | <input type="checkbox"/> Add               |
|              |                        |                            | <input type="checkbox"/> Remove            |
|              |                        |                            |  |
|              |                        |                            | <input type="checkbox"/> Add               |
|              |                        |                            | <input type="checkbox"/> Remove            |
|              |                        |                            |  |

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

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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: DECEMBER 10, 2021

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Samuel Weinberger

\_\_\_\_\_  
Typed or printed name of signee

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CLERK OF STATE  
DIVISION OF CORPORATIONS  
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