Division of Corporations

## Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GREENBERG TRAURIG (ORLANDO)

Account Number : 103731001374 Phone : (407)418-2435 Fax Number : (407)420-5909

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

\*\*Email Address: \_\_\_alex@fairholme.net\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CHILD GRAND FAMILY LLC

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

Electronic Filing Menu Corporate Filing Menu

Help

From: Heather Irving

(((H240003042083)))

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	CHILD GRAND FAMI	LY LLC	
(Name of the Lim	ited Liability Company as it no (A Florida Limited Liability Co	appears on our records.) mpany)	
The Articles of Organization for this Limited I Florida document number 1.21000468790	Liability Company were filed	d on October 28, 2021	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability comp	pany here:	
The new name must be distinguishable and contain the	words "Limited Liability Compan	y," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE.	ET ADDRESS)		2
	***		- 2
			- <del>```</del>
Enter new mailing address, if applicable:			<u></u>
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
	<del></del>		
B. If amending the registered agent and/or agent and/or the new registered office addresses		ı our records, <u>enter the nu</u>	me of the new registered
Name of New Registered Agent:	Wayne Keilner		
New Registered Office Address:		nagement LLC, 5966 S. Dixie	Highway, Suite 300
	South Miami	, Florida	33143
	City	, 1 1011011	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	ner and complete performa istered agent as provided f registered office address,	nce of my duties, and I an or in Chapter 605, F.S. O.	n familiar with and r, if this document is

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 (((H240003042083)))

Title	Name	Address	Type of Action
MGR	Jeffrey Keil	5966 S. Dixie Highway	□Add
		Suite 300	≅Remove
		South Miami, FL 33143	□Change
MGR	Bruce R. Berkowitz	c/o Fairholme Capital Management LLC	富Add
		5966 S. Dixic Highway, Suite 300	□Remove
		South Miami, FL 33143	□Change
			□ Change
			<del></del>
-			[]Remove
			©Change
			□Add
			□Add
			Change

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To: 18506176383

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Note:	ve date, if other than the date of filing:  ctive 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 ( If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as tent's effective date on the Department of State's records.
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