

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

(((H220000519063)))



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 : I20110000086 Phone : (718)569-2703 : (718)504-7890 Fax Number **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 FORT MYERS FL OPCO LLC

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

Electronic Filing Menu — Corporate Filing Menu

Help

LEB 00 5055 I. LEMIEUX

From: Alexander Englard

FORT MYERS FL OPCO LLC

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

2022-02-08 21:36 52 GMT

This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: FORT MYERS FL ICF OPCO LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 ne registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Agent: New Registered Agent: I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the propositions 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 affice address. I hereby confirm that the limited liability	(Name of the Limited	Liability Company as it now appears on our records.) Florida Limited Liability Company)		
Florida document number L22000033811 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: FORT MYERS FL ICF OPCO LLC The new name stust be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 ne registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida sweet address Florida	The Articles of Organization for this Limited Liab	oility Company were filed on 01/31/2022	and	assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: FORT MYERS FL ICF OPCO LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 ne registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Agent: 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 decument is being filed to merely reflect a change in the registered affice address. I hereby confirm that the limited liability	1 22000033811			J
A. If amending name, enter the new name of the limited liability company here: FORT MYERS FL ICF OPCO LLC The new name must be distinguishable and end with the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC." 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 ne registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: New Registered Office Address: Enter Florida sweet address	Florida document number	 .		
FORT MYERS FLICE OPCO LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 ne registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Florida Enter Florida sweet address	This amendment is submitted to amend the follow	ving:		
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 ne registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Agent: Plorida Plorida Plorida Plorida	A. If amending name, enter the new name of the	he limited liability company here:		
Enter new principal office 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 ne registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida sweet 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 ne registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	The new name must be distinguishable and end with the wo	ords "Limited Liability Company," the designation "LLC" or the	ibhreviatio	n "L.L.C."
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 ne registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Agent: Plorida Plorid	Enter new principal offices address, if applicab	ole:		
B. If amending the registered agent and/or registered office address on our records, enter the name of the ne registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Florida Florida	(Principal office address MUST BE A STREET	ADDRESS)		
B. If amending the registered agent and/or registered office address on our records, enter the name of the ne registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Florida Florida Florida Florida			·	
B. If amending the registered agent and/or registered office address on our records, enter the name of the ne registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Florida Florida				
B. If amending the registered agent and/or registered office address on our records, enter the name of the ne registered agent and/or the new registered office address here: Name of New Registered Agent:	Enter new mailing address, if applicable:			
B. If amending the registered agent and/or registered office address on our records, enter the name of the ne registered agent and/or the new registered office address here: Name of New Registered Agent:	(Mailing address MAY BE A POST OFFICE BO	ΟX)		
New Registered Office Address: Enter Florida street address Florida Enter Florida street address	B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter ce address here:	the nan	ie of the nev
New Registered Office Address: Enter Florida street address Florida Enter Florida Florida	Name of New Registered Agent:			
Enter Florida street address City 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	Now Decistary Office Address	·		1 3
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	New Registered Office Audiess.	Enter Florida street address		
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	•	Florida	•	100 () () () () () () () () () ()
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			Zip Co	idei
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	New Registered Agent's Signature, if changing Re-	gistered Agent:		φο 1 1 1 1
16 Character Designated Agent Signature of New Registered Agent	I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the re	agent and agree to act in this capacity. I further ag and complete performance of my duties, and I am ered agent as provided for in Chapter 605, F.S. Or, gistered office address, I hereby confirm that the li- tange.	familiar , if this d mited lia	with and ocument is bility

Page I of 3

To: +18506176383 Page: 4 of 5

2022-02-08 21:36:52 GMT

17183041175

From: Alexander Englard

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	<u> </u>		
	·		□ Remove
			· · · · · · · · · · · · · · · · · · ·
4444-0			D Add
•	•		☐ Remove
			□ Add
			☐ Remove
·			
		alangha complet	□ Add
	·		☐ Remove
			Add
	·		☐ Remove
			□ Add
			□ Remove

D. If amending any other information, enter change	s) here: (Attach additional sheets, i	if necessary)	
	· · · · · · · · · · · · · · · · · · ·		
E. Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of rec- the date this document is filed by the Florida Department of State		(optional)) days after	
Dated February 8th 20	22		
,	50		
Signature of a member	or authorized representative of a member		
SIMCHA HYMAN	\mathcal{O}		
Туреб	or printed name of signee		

2022-02-08 21:36 52 GMT

17183041175

From: Alexander Englard

To: +18506176383

Page: 5 of 5