

12/9/22, 4:42 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L220004156423

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.

(((H220004156423)))



H220004156423ABC-

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 : 120110000086
Phone : (718)569-2703
Fax Number : (718)504-7890

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
SARASOTA FL HOLDCO LLC

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

C. BRUMBLEY

DEC 12 2022

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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 ((H22000415642 3))

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MBR</u>	<u>ORCHID COVE SNF HOLDCO LLC</u>	<u>980 SYLVAN AVE</u>	☐ Add
		<u>ENGLEWOOD CLIFFS, NJ 07632</u>	☒ Remove
<u>MBR</u>	<u>ORCHID COVE SNF HOLDCO LLC</u>	<u>3512 QUENTIN ROAD, SUITE 202</u>	☒ Add
		<u>BROOKLYN, NY 11234</u>	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

((H22000415642 3))

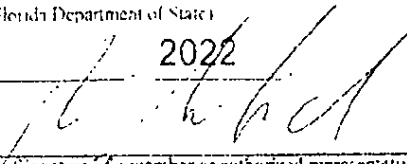
((H22000415642 3))

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

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 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

((H22000415642 3))