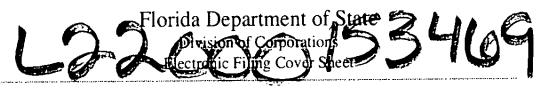
5/6/22,11:49 AM

Division of Corporations



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.

(((H22000164284 3)))



H220001642843ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

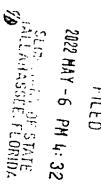
Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

| Email  | Address:  |  |      |      |  |
|--------|-----------|--|------|------|--|
| Emart. | MUUL COD. |  | <br> | <br> |  |

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN OSL PORT ORANGE LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$25.00 |



T. LEMIEUX

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Electronic Filing Menu

Corporate Filing Menu

https://efile.sunbiz.org/scripts/efilcovr.exe

## **COVER LETTER**

| ge LLC Name of Limite          |  |  |
|--------------------------------|--|--|
| Name of Limit                  |  |  |
|                                | ed Liability Company   |  |
| andment and feets) are subm    | sitted for filing  |  |
|                                | -  |  |
| mee concerning and matter at   | , me tono mig.   |  |
| Robert Seiden                  |  |  |
|                                | Name of Person   |  |
| Sachs Sax Caplan, P.L.         |  |  |
|                                | Firm/Company   |  |
| 6111 Broken Sound Parkwa       |  | <del></del>  |
|                                | Address  |  |
| Boca Raton, Florida 33487      | City/State and Zin Code  |  |
| hillel.feuerman@gmail.com      | Chyrolate and rap code   |  |
| E-mail address: (to            | be used for future annual report notifi  | cation)  |
| erning this matter, please cal | II:  |  |
|                                | at (561 ) 237-6848   |  |
| erson                          | Area Code Daytime  | Telephone Number   |
| ollowing amount:               |  |  |
|                                | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)  | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)   |
| porations                      | Street Address:<br>Registration Sec<br>Division of Corp<br>The Centre of Ta  | oorations<br>allahassee  |
|                                | Robert Seiden  Sachs Sax Caplan, P.L.  6111 Broken Sound Parkwa  Boca Raton, Florida 33487  hillel feuerman@gmail.com E-mail address: (to terning this matter, please call  erson  Collowing amount:  \$30.00 Filing Fee & Certificate of Status | Robert Seiden  Name of Person  Sachs Sax Caplan, P.L.  Firm/Company  6111 Broken Sound Parkway NW, Suite 200  Address  Boca Raton, Florida 33487  City/State and Zip Code  hillel.feuerman@gmail.com  E-mail address: (to be used for future annual report notification and the serion and the serion are code are code and the serion are code and th |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

|  | Liability Company as it now appears on our records.) Florida Limited Liability Company)   |
|--|---|
| The Articles of Organization for this Limited Liabi                    | ility Company were filed on March 30, 2022 and assigned   |
|  | mity Company were fried on and assigned   |
| Florida document number L22000153469                                   | ·   |
| This amendment is submitted to amend the followi                       | ing:  |
| A. If amending name, enter the new name of th                          | e limited liability company here:   |
| The new name must be distinguishable and contain the word              | Is "Limited Liability Company," the designation "L.L.C" or the abbreviation "L.L.C."  |
| Enter new principal offices address, if applicabl                      | le:   |
| (Principal office address MUST BE A STREET A                           | ADDRESS)  |
|  |   |
|  |   |
| Enter new mailing address, if applicable:                              |   |
| (Mailing address MAY BE A POST OFFICE BO                               | DX)   |
| B. If amending the registered agent and/or registered office address h | istered office address on our records, <u>enter the name of the new register</u><br>nere:   |
| Name of New Registered Agent:  |   |
| New Registered Office Address:   |   |
|  | Enter Florida street address  |
|  | Florida Soc 2   |
| •  | City Zip Gode ~   |
| New Registered Agent's Signature, if changing Reg                      | distered Agent:   |
| Thereby accept the appointment as registered a                         | ngent and agree to act in this capacity. I further agree to comply with the<br>and complete performance of my duties, and I am familiar with and correct agent as provided for in Chapter 605, F.S. Or. 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

| <u>Title</u> | <u>Name</u>            | Address                      | Type of Action |
|--------------|------------------------|------------------------------|----------------|
| MGR          | OPAL SENIOR LIVING LLC | 7015 Beracasa Way, Suite 202 | DAdd           |
|              |                        | Boca Raton, Florida 33433    |                |
|              |                        |                              | Change         |
| MGR          | HILLEL FEUERMAN        | 7015 Beracasa Way, Suite 202 | <b>⊟</b> Add   |
|              |                        | Boca Raton, Florida 33433    | □Remove        |
|              |                        |                              |                |
|              |                        |                              | DAdd           |
|              |                        |                              | □Remove        |
|              |                        |                              | □Change        |
|              |                        |                              | □Add           |
|              |                        |                              | □ Remove       |
|              |                        |                              | □ Change       |
|              |                        |                              | □Add           |
|              |                        |                              | □Remove        |
|              |                        |                              | Change         |
|              |                        |                              | □Add           |
|              |                        |                              | □ Rетюче       |
|              |                        |                              | ∏Change        |

| Effective date, if other than the date of filing:  (Optional)  (If an effective date, if other than the date of filing:  (If an effective 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 605.020?  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ord is filed.  Dated May 6  Signature of a member or authorized representative of a member | ar am | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)   |
|--|-------|---|
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ord is filed.  Dated May 6   |       |   |
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| Dated May 6 2022   | Note  | If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as  |
|  |       |   |
| Signature of a member or authorized representative of a member   | Date  | May 6 2022  |
|  |       | Signature of a member or authorized representative of a member  |
|  |       | vigination of the state of the |

Filing Fee: \$25.00