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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067 : (845)425-0077 Phone

Fam Number : (845)818-3588

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

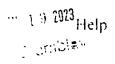
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LAS PALMAS SENIOR LIVING PROPCO LLC

Certificate of Status	0
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Corporate Filing Menu



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

•		
Las Palmas Senjor Living Propeo LLC		
(<u>Name of the Limited Liability Con</u> (A Florida Limit	nipany as it now appears on our records.) ted Liability Company)	
he Articles of Organization for this Limited Liability Compa	200 were filed on 07/29/2022	and accionad
	my were med on	and assigned
lorida document number 1.22000336461		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
he new name must be distinguishable and contain the words "Limited Li-	The Community of the state of t	de alta distribution of 1 C "
the new matthe must be distinguishable and contain the words "Limited Li-	admity Company, the designation "LLC" or	me aboreviation "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)		
3. If amending the registered agent and/or registered	l office address on our records, g	enter the name of the
egistered agent and/or the new registered office address h	<u>nere</u> :	
		.∓ 28
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	Pl ·	- '위하 _ 범(
	, Floric	uac/Zip C ode
New Registered Agent's Signature, if changing Registered Agen	ent.	<u> </u>

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

18886118813

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	Benjamin Berkowitz		Add
			■ Remove
			Change
MGR	Benjamin Kurland		Add
			Remove
			☐ Change
MGR	Hialeah Manager LLC	1105 E County Line Road, Suite 201	■ Add
		Lakewood, NJ 08701	Remove
			☐ Change
			Add
			□ Remove
			Change
			Remove
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