

L22000358923

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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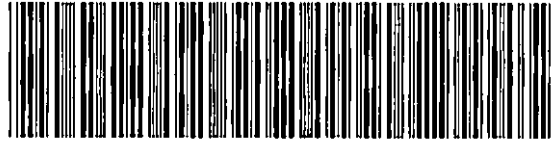
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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TALLAHASSEE, FL

**CORPORATE
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INC.**

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236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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LLC AMEND

1. **HILLTOP LODGE HEALTH & REHABILITATION CENTER LLC**
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

2022 SEP -1 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FL

Hilltop Lodge Health & Rehabilitation Center LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/15/2022 and assigned
Florida document number L22000358923.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Hilltop Lodge Health and Rehabilitation Center LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1065 SW 8TH STREET

(Principal office address MUST BE A STREET ADDRESS)

SUITE 489

MIAMI, FL 33130

Enter new mailing address, if applicable:

1065 SW 8TH STREET

(Mailing address MAY BE A POST OFFICE BOX)

SUITE 489

MIAMI, FL 33130

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

MOSHE HALBERSTAM

New Registered Office Address:

1065 SW 8TH STREET #489

Enter Florida street address

MIAMI

City

Florida 33130

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 company has been notified in writing of this change.



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>	<u>Address</u>	<u>Type of Action</u>
P	JACQUES, CITO	4915 VIRGIN GORDA WAY #1314	<input type="checkbox"/> Add
		ORLANDO, FL 32839	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	HALBERSTAM, MOSHE	1065 SW 8TH ST	<input checked="" type="checkbox"/> Add
		SUITE 489	<input type="checkbox"/> Remove
		MIAMI, FL 33130	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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SEAL OF THE
TALLAHASSEE FL

2027 SEP -1 AM 8:53
SEATTLE, WA
TALLAHASSEE FL

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(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 605.0207 (3)(b)

If 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 record is filed.

Dated _____, _____

m — H —

Signature of a member or authorized representative of a member

MOSHE HALBERSTAM

Typed or printed name of signee

Filing Fee: \$25.00