L22000381683

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(Ac	ldress)	-
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(De	ocument Number)	
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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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		PICK UP:	MISTY 3/2	
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XX	РНОТОСОРУ			
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-	ACQUISITION – NO	ORTHERN C	DAKS, LLC	
-	(CORPORATE NAME AND	DOCUMENT #)		
_	(CORPORATE NAME AND	DOCUMENT #)		, <u> </u>
_	(CORPORATE NAME AND	DOCUMENT #)		
	(CORPORATE NAME AND	DOCUMENT #)		
_	(CORPORATE NAME AND	DOCUMENT #)		
PECIAL STRUC	CTIONS:			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fi. ED

2023 MAR - 2 AH 9: 07 ACQUISITION - NORTHERN OAKS, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) ____ and assigned Florida document number 1.22000381683 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: (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 new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address ____. Florida ___

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>		Name	Address	Type of Action
AMBR	CO-GP	OPPORTUNITY FUND - NORTH OAKS, LLC	831 NE 20TH AVENUE	
			FORT LAUDERDALE, FL 33304	□ Remove
				□ Change
<u></u>	_			
				□ Remove
				☐ Change
	_		<u> </u>	□ Add
				Remove
				Change
	-			
			<u> </u>	Remove
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				Remove
				Change

D. If amending any other informati			•
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I. Effective date, if other than the d (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Dep	be specific and cannot be prior took does not meet the applica	o date of filing or more than	(optional) n 90 days after filing.) Pursuant to 605.0207 irements, this date will not be listed as
the record specifies a delayed of the record specifies and the record the rec	effective date, but not d is filed.	an effective time,	at 12:01 a.m. on the earlier of
Dated February 24	, 2023	_ •	
/s/ Kristen F			
	ignature of a member or author	ized representative of a mo	ember
Kristen Fundaro			
	Typed or printed	I name of signee	