

**L22000489364**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : VCORP SERVICES, LLC  
Account Number : 120080000067  
Phone : (845)425-0077  
Fax Number : (845)818-3588

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

Email Address: \_\_\_\_\_

2022 NOV 29 AM 11:27  
FILED  
CLERK OF CIRCUIT COURT  
JACKSONVILLE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
3240 CHURCHILL DRIVE LLC**

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

NOV 30 2022

A. LUNT

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

NOTARY PUBLIC  
2022 NOV 29 AM 11:27

3240 Churchill Drive 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 11/17/2022 and assigned  
Florida document number L22000489364.

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)

3469 W Boynton Beach Blvd

Suite 2 PMB 1221

Boynton Beach, FL 33436-4639

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3469 W Boynton Beach Blvd

Suite 2 PMB 1221

Boynton Beach, FL 33436-4639

**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*

City, Florida

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>                      |
|--------------|----------------|---|--|
| AMBR         | Larry Friedman | 3466 W Boynton Beach Blvd Suite 2 PMB Boynton Beach FL 33435-4639 | <input checked="" type="checkbox"/> Add    |
|              |                |   | <input type="checkbox"/> Remove            |
|              |                |   | <input type="checkbox"/> Change            |
| AMBR         | Larry Friedman | PO Box 789, Marmaroneck, NY 10543                                 | <input type="checkbox"/> Add               |
|              |                |   | <input checked="" type="checkbox"/> Remove |
|              |                |   | <input type="checkbox"/> Change            |
|              |                |   | <input type="checkbox"/> Add               |
|              |                |   | <input type="checkbox"/> Remove            |
|              |                |   | <input type="checkbox"/> Change            |
|              |                |   | <input type="checkbox"/> Add               |
|              |                |   | <input type="checkbox"/> Remove            |
|              |                |   | <input type="checkbox"/> Change            |
|              |                |   | <input type="checkbox"/> Add               |
|              |                |   | <input type="checkbox"/> Remove            |
|              |                |   | <input type="checkbox"/> Change            |
|              |                |   | <input type="checkbox"/> Add               |
|              |                |   | <input type="checkbox"/> Remove            |
|              |                |   | <input type="checkbox"/> Change            |

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Typed or printed name of signer

**Filing Fee: \$25.00**