To: FL DIVISION OF CORPORATIONS Division of Corporations

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From: Vcorp Services, LLC Page 1 of 2



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.

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To:

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

From:

Account Bane	:	VCORP SERVICES,	LLC
Account Number	:	120080006067	
Phone	:	(845)425-0077	
Fax Number	:	(845)818-3588	

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





VISION OF CORPORATIONS	Page: 2 of 4	2023-04-20 17:04:41 GMT	19886118813	From, Veorp Sar
	ARTIC	LES OF AMENDMENT TO	r	s
	ARTICL	ES OF ORGANIZATIC	NN .	2
		OF		-
÷				
The Residence at F	Pompano Beach, LLC	,		
- <u></u> <u>C</u>	ame of the Limited Lia	bility Company as it now appears on rida Limited Liability Company)	our records.)	
	(5110	nida Lanneti Listonny Company)		
The Articles of Organization for	this Limited Liabilit	y Company were filed on $\frac{01/27/2}{2}$	2023	_ and assigned
Florida document number 1.230	00039115	•		_ 0
This amendment is submitted to	amend the following	<u>с</u> -		
A. If amending name, enter th	e new name of the l	imited liability company here:		
Residence at Pompano Beach, LL(		· · · · · · · · · · · · · · · · · · ·		
		Limited Liability Company," the design	ation "[[C" or the abbre	viation "LLC"
				(anon) E.E.C.
Enter new principal offices add			*	
(Principal office uddress MUST	<u>BE A STREET AD</u>	DRESS)		
Enter new mailing address, if a	pplicable:	·		
(Mailing address MAY BE A PC	<u>)ST OFFIÇE BOX)</u>			
B. If amending the registere	d agent and/or res	gistered office address on our	records. enter the	name of the new
registered agent and/or the new	registered office ac	<u>idress here</u> :	·	
				2023
Name of New Registere	ed Agent:			<u> </u>
New Registered Office	Address:		-	5
		Enter Florida str	reri address	
			••	
		City	, Florida	Lip Code
New Registered Agent's Signature	e, if changing Register	red Agent:		$\sim $
			<u> </u>	$\sim N$
	the registered amon	tund uman in and a dis	- In I. T. at -	ິ <u>ທ</u> ີ່
I hereby accept the appointmen provisions of all statutes relative	t as registered agen to to the proper and	nt and agree to act in this capac complete performance of my d	city. I further agree . Juties and Law fami	to comply with the

If Changing Registered Agent, Signature of New Registered Agent

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## 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

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<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			🔤 Remove
			🗆 Change
			💷 🖸 Add
			D Change
			🗆 Add
			Remove
			Change
			Q.Add
			Remove
			Change
<u> </u>			🖸 Add
			Remove
			Change
			D A J
			O Remove
			Change

## D. If amending any other information, enter change(s) here: (Attach additional sheets, (f necessary.)

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document's effectiv	other than the date of filing:(optional) 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)(the second of the specific and cannot be prior to date of filing requirements, this date will not be listed as the vertice on the Department of State's records.
) the 90th day	ies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: after the record is filed.
Dated	2023
*** <u></u>	Signature of a member or authorized representative of a member
Mordec	hai Weisz
	Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$25.00
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