

To:

Page: 2 of 5

2023-06-14 16:28:09 GMT

17183041175

From: Alexander England

6/13/23, 3:39 PM

Division of Corporations

L23000113242

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H230002130183)))



H230002130183ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

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

From:

Account Name : INTERSTATE FILINGS LLC
Account Number : I20110000086
Phone : (718)569-2703
Fax Number : (718)504-7890

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

Email Address: contact@interstatefilings.com

RECEIVED

2023 JUN 14 PM 12:42

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LAKE CITY FL OPCO LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

S. ROBERTS

JUN 15 2023

(((H23000213018 3)))
**ARTICLES OF AMENDMENT
 TO
 ARTICLES OF ORGANIZATION
 OF**

LAKE CITY FL OPCO 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 03/03/2023 and assigned
 Florida document number L23000113242.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

c/o Lilac Health Group

2700 Westhall Lane, Suite 235

Maitland, FL 32751

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

c/o Lilac Health Group

2700 Westhall Lane, Suite 235

Maitland, FL 32751

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 _____
 City 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

(((H23000213018 3)))

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>
_____	_____	_____	<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
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

(((H23000213018 3)))

((1423000213018 3)))

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

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 JUNE 13th

2023

Signature of a member or authorized representative of a member

Robert Schoenfeld

Typed or printed name of signee

Filing Fee: \$25.00

((F123000213018 3)))