

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

To:

To:

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

From:

8

PH 12: (

41 NUL 8292

JEWEL

Account Name	;	INTERSTATE FILINGS LLO	С
Account Number	:	120110000086	
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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **ORLANDO FL OPCO LLC**

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

Electronic Filing Menu Corporate Filing Menu

LEMIEUX

2023

£.

Pr 12:

S

1

C.

	្គ Page: 3 of 5	2023-06-14 16:01.48 G	MT	17183041175	From: Alexander Englard
		(((H2300021			
		ARTICLES OF		ENT	
		ARTICLES OF (TION	
	•)F	HUN	
¥		· · ·	/ 4		
	ORLANDO FE OPCO	D LLC			
	(<u>Nan</u>	te of the Limited Lightlity Comp (A Florida Limited	any as it now appear Liability Company)	rs on our records.)	
The Artic	les of Organization for thi	is Limited Liability Company	were filed on ⁰³	/03/2023	and assigned
	ocument number $\frac{1.230001}{1.230001}$				<u></u>
This ame	ndment is submitted to an	rend the following:			
		new name of the limited liab			
А. наш	chong name, <u>enter me i</u>	iew name of the timited nat	<u>may company no</u>	<u>ere</u> :	
The new na	me must be distinguishable and	d comain the words "Limited Liabi	lity Company." the d	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		c/o Lilae Health	Group		
<u>(Principa</u>	d office address MUST B	<u>E A STREET ADDRESS)</u>	2700 Westhall I	lane, Suite 235	
			Maitland, FL 32	2751	
F			c/o Lilac Health	а Group	
	w mailing address, if app		2700 Westhall I	·	
(Mailing address MAY BE A POST OFFICE BOX)		Maitland, FL 32			
					<u> </u>
B. If amo	ending the registered age	ent and/or registered office a	address on our r	ecords, <u>enter the na</u>	me of the new registered
agent and	1/or the new registered o	ffice address here:			
					2923
3	Name of New Registered	Agent:			

To:

New Registered Office Address:			
	EnterFloridastveetaddress		<u>+</u>
	, Florida		11
	Cin	Zip C	p Codes
New Registered Agent's Signature, if chauging Registered Agent:			ំ ប

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

C.

To:		Page: 4 of 5	2023-06-14 16:01.48 GMT (((H23000213980-3)))	17183041175	From: Alexander Englard				
	lf amend or remov	nding Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added oved from our records:							
		Manager Authorized Member							
	Title	<u>Name</u>	Address		Type of Action				
					🗆 Change				
					🗆 🗛 🗠				
				·	ERemove				
			<u></u> _,,		ElChange				
					🗆 Add				
					🗆 Kemove				
					DChange				
					🗆 Add				
			<u></u>		ORemove				
					🗆 Change				
					🖸 Add				
					🗆 Change				
					🗆 Add				
					🗍 Remove				
					□Change				

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

······································	······	
		·
······································		
······································		
		·
ـــــــــــــــــــــــــــــــــــــ	·····	

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)(5) <u>Note:</u> 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.

JUNE 13th Dated	2023	
	A. A.L.	
	IN MIM	
	Signature of a member or autilofized representative of a member	
	Robert Schoenfeld	
	Typed or printed name of signee	

Filing Fee: \$25.08 (((H23000213980 3)))