6/13/23, 3:50 PM

Division of Corporations

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(((H23000213076 3)))



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From:

Account Name : INTERSTATE FILINGS LLC

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Fax Number : (718)504-7890

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

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Corporate Filing Menu

Help

S. ROBERTS

JUN 1 5 2023

To:

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

2023-06-14 16:25:56 GMT

MELBOURNE FL OPCO LLC		
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)	202
The Articles of Organization for this Limited Liability Company	were filed on 03/03/2023	and assigned
Florida document number L23000113362		
This amendment is submitted to amend the following:		الحقة منابع منابع
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	9: 52
The new name must be distinguishable and contain the words "Limited Liabil	fity Company," the designation "LLC" or th	ne abbreviation ELC.
Enter new principal offices address, if applicable:	c/o Lilac Health Group	
Principal office address MUST BE A STREET ADDRESS)	2700 Westhall Lane, Suite 235	
	Maitland, FL 32751	
Enter new mailing address, if applicable:	c/o Lilac Health Group	
Mailing address MAY BE A POST OFFICE BOX)	27(0) Westhall Lane, Suite 235	. .
	Maitland, FL 32751	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the r	name of the new register
New Registered Office Address:		
	Enter Floridastreet address	
	, Florida	
	City	Zip Cock

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

To:

(((1423000213076-3)))
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>	Name	Address	Type of Action	
			□Add	
			□Remove	
			□Change	
			□Add	
			□Change	
<u> </u>			□Add	
			□Remove	
			∏Change	
			□Remove	
			□Change	
			□Remove	
			□Change	
			□Add	
			Remove	

_____ □Change

(((11230002130763)))

D. If ar	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note:	tive date, if other than the date of filing: [continue date, if other than the date of filing: [continue 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the tent's effective date on the Department of State's records.
he reco ord is f	rd 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 led.
Dated	The Super
	Signature of a member or authorized representative of a member
	Robert Schoenfeld Typed or printed name of signee