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.

(((H23000213153 3)))



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

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

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

Electronic Filing Menu Corporate Filing Menu

Help

T. LEMIEUX

JUN 15 2023

Ŗ

To:

•	
	ġ.
	N.

(Name of the Limited Liability County (A Florida Limited	nny as it now appenrs on our records.) Liability (Company)		
The Articles of Organization for this Limited Liability Company Florida document number 1.23000139928	were filed on 03/27/2023 and assigned	I	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liah	nility company here:		
The new name must be distinguishable and comain the words "Limited Liabi	htty Company," the designation "LLC" or the abbreviation "L L.C."		
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)	2700 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:	address on our records, enter the name of the new region	<u>istere</u>	
Name of New Registered Agent:			
New Registered Office Address:	EnterFloridastreetaddress 5		
	City , Florida Cock		
	Cm ^c Zip Coac		

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

(((H23000213153 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

To:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			[]Change
			□ Add
			□Remove
			(DChange
			□Add
			[]Remove
			□ Change
			□Add
			□Remove
			☐ Change
		13347-24-7-14-7-1	□Add
			□Remove
			□Change

Page; 5 of 5

(((H23000213153 3)))

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
Note:	ive date, if other than the date of filing: [coptional] [coptional]
the reco	d 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	JUNE 13th 2023 W. W. W.
	Signature of a member or autilifized representative of a member
	Robert Schoenfeld

Filing Fee: \$25.00