| (Req                           | uestor's Name)        |                     |
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| (Add                           | ress)                 |                     |
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| PICK-UP                        | WAIT                  | MAIL                |
|                                |                       |                     |
| (Bus                           | iness Entity Name)    |                     |
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| (Đoc                           | cument Number)        |                     |
| Certified Copies               | Certificates          | of Status           |
|                                |                       | <del></del>         |
| Special Instructions to Filing | g Officer:            |                     |
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# FLORIDA FILING & SEARCH SERVICES, INC.

# P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 06/25/24

NAME: LAKELAND NURSING AND REHAB PROPCO LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

### **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

| eun ir car                                  | Lakeland N  | Jursing and Rehab Propco LLC              | ;   |   |
|---|---|---|---|---|
| SUBJECT:  Name of Limited Liability Company |   |   |   |   |
| The enclosed                                | l Articles of   | Amendment and fee(s) are sub              | mitted for filing.  |   |
| Please return                               | all correspo  | ondence concerning this matter            | to the following:   |   |
|   |   |   | Name of Person  |   |
|   |   | <del></del>                               | Firm/Company  |   |
| Address                                     |   |   | <u>-</u>  |   |
| City/State and Zip Code                     |   |   |   | · · · · · · · · · · · · · · · · · · ·   |
| For further in                              | nformation c  | E-mail address: (                         | to be used for future annual report no                                | tification)   |
|   |   | f Person                                  | at ()<br>Area Code Daytin   |   |
|   | Name o  | i Person                                  | Area Code Daytii  | me Telephone Number   |
| Enclosed is a                               | check for th  | ne following amount:                      |   |   |
| ■ \$25.00 F                                 | iling Fee   | S30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)   | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
| Reg<br>Div                                  | iling Addres<br>gistration S<br>vision of C<br>D. Box 632 | Section<br>orporations                    | Street Address:<br>Registration So<br>Division of Co<br>The Centre of | orporations   |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Lakeland Nursing and Rehab Propco 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 6/5/2023                                     | and assigned   |
|--|--|--|
| Florida document number L23000268234   |  |  |
| This amendment is submitted to amend the following:  |  |  |
| A. If amending name, enter the new name of the limited liah  | ility company here:  |  |
| The new name must be distinguishable and contain the words "Limited Liabi  | lity Company," the designation "LL                         | .C" or the abbreviation "L.L.C."                             |
| Enter new principal offices address, if applicable:  |  |  |
| (Principal office address MUST BE A STREET ADDRESS)  |  | <u> </u>   |
| •  |  |  |
|  |  |  |
| Enter new mailing address, if applicable:  |  |  |
| (Mailing address MAY BE A POST OFFICE BOX)   |  |  |
|  | · · · · · · · · · · · · · · · · · · ·                      |  |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  | address on our records, <u>ente</u>                        | r the name of the new registered                             |
| Name of New Registered Agent:  |  |  |
| Name of New Registered Agent.  |  |  |
| New Registered Office Address:   | Enter Florida street addr                                  |  |
|  | F.   | Ilorida  |
| <del></del>  | City   | loridaZip Code   |
| New Registered Agent's Signature, if changing Registered Agent:  |  |  |
| I hereby accept the appointment as registered agent and agr<br>provisions of all statutes relative to the proper and complete<br>accept the obligations of my position as registered agent as p<br>being filed to merely reflect a change in the registered office<br>company has been notified in writing of this change. | performance of my duties, o<br>provided for in Chapter 605 | and I am familiar with and<br>, F.S. Or, if this document is |
| If Chai  | nging Registered Agent, Signature                          | of New Registered Agent                                      |

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>      | Address                       | Type of Action |
|--------------|------------------|-------------------------------|----------------|
| MGR          | Shalom Friedland | 211 Boulevard of the Americas | <b>⊒</b> Add   |
|              |                  | Suite 209                     | □Remove        |
|              |                  | Lakewood NJ 08701             |                |
|              |                  |                               | □Add           |
|              |                  |                               | □Remove        |
|              |                  |                               | □Change        |
|              | <del></del>      | <del></del>                   | □Add           |
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|              |                  |                               | Remove         |
|              |                  |                               | □Change        |

| E. Effective date, if other than the date of filing:   | ,<br>  |  |  |                                     |
|--|--|--|--|-------------------------------------|
| (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)(  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 25 | ·  |  |  |                                     |
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| Dated June 25  | (If an effective date is listed, the date municipal Note: If the date inserted in this b | ust be specific and cannot be prior block does not meet the applic | to date of filing or more than 90 days after fable statutory filing requirements, this | iling.) Pursuant to 605.0207 (3)(b) |
| /s/Josef Cukier  Signature of a member or authorized representative of a member  |  | ve date, but not an effective ti                                   | ime, at 12:01 a.m. on the earlier of: (b)  | The 90th day after the              |
| /s/Josef Cukier Signature of a member or authorized representative of a member   | Dated June 25  | . 2024   | <u> </u>   |                                     |
|  |  | er   |  |                                     |
| Josef Cukier   |  | Signature of a member or author                                    | orized representative of a member  |                                     |
| Typed or printed name of signee  | Josef Cukier   |  |  |                                     |

Filing Fee: \$25.00

## **COVER LETTER**

| TO:            | Registration Sec<br>Division of Corp |  |   |   |
|----------------|--------------------------------------|--|---|---|
| SUBJE          |                                      | ursing and Rehab Propco LLC                  | :   |   |
| SOBJE          |                                      | Name of Lim                                  | ited Liability Company  |   |
| The end        | closed Articles of A                 | Amendment and fee(s) are sub                 | mitted for filing.  |   |
| Please         | return all correspon                 | dence concerning this matter                 | to the following:   |   |
|                |                                      | Name of Person                               |   |   |
| Firm/Company   |                                      |  |   |   |
| Address        |                                      |  |   |   |
|                |                                      |  | City/State and Zip Code   |   |
|                |                                      | E-mail address: (                            | to be used for future annual report not                             | fication)   |
| For furt       | her information co                   | neerning this matter, please ca              | all:  |   |
| Name of Person |                                      | at ()<br>Area Code Daytim                    | e Telephone Number  |   |
| Enclose        | ed is a check for the                | e following amount:                          |   |   |
| <b>■</b> \$25  | 5.00 Filing Fee                      | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed |
|                | Mailing Address Registration So      |  | Street Address:<br>Registration Se                                  | ction   |

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee. FL 32303