L23000348166

| (| Requestor's Name) | |
|---------------------------|------------------------|--------------|
| (, | Address) | . |
| (, | Address) | <u>.</u> |
| (1 | City/State/Zip/Phone # |) |
| PICK-UP | WAIT | MAIL |
| (1 | Business Entity Name) | |
| (1 | Document Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to F | Filing Officer: | |
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CT CORP

(850) 656-4724 3558 lakesore Drive Tallahassee, FL 32312

11/13/2023

Date:

4:1 DW Acc#I20160000072 Name: **Everest Flagler Pointe LLC** Document #: Order #: 15222094 Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of Country of Destination: Apostille/Notarial Certification: Number of Certs: Filing: 🗸 Certified: 🗸 **Email Address for Annual Report Notifications:** Plain: COGS: Availability _____ 55.00 Document ____ Amount: \$ Examiner _____ Updater _____ Verifier _____ W.P. Verifier _____ Ref#

Thank you!

COVER LETTER

| Division of Cor | porations | | | |
|--|--|---|--|-----------------------|
| | FLAGLER POINTE LLC | | | |
| SUBJECT: | Name of Lim | ited Liability Company | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| Please return all correspo | ondence concerning this matter | to the following: | | |
| | LAUREN EINHORN | | | |
| | | Name of Person | ······································ | |
| | | NI 10 | | |
| | | Firm/Company | | |
| | 2 S BISCAYNE BOULEV | ZARD, SUITE 2050 | | رم وم |
| | | Address | | 123 |
| | MIAMI, FL 33131 | | | 2023 HOV 13 |
| | | City/State and Zip Code | | <u> </u> |
| | leinhorn@taylorenglish.cor | n to be used for future annual report notil | ication) | |
| For further information c | oncerning this matter, please c | | , | 2023 NOV 13 PM 12: 40 |
| LAUREN EINHORN | | 813 230-1070 | | 0 *: |
| Name o | f Person | Area Code Daytime | : Telephone Number | |
| Enclosed is a check for the | ne following amount: | | | |
| □ \$25.00 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 Sta Certified Copy (additional copy is er | tus & |
| Mailing Address Registration S Division of C | Section Corporations | Street Address: Registration Sec Division of Cor | porations | |
| P.O. Box 632 | | The Centre of T | ananassee | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

FL055 -12/16/2021 Wolters Kluwer Online

Tatlahassee, FL 32314

TO:

Registration Section

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EVEREST FLAGLER POINTE LLC

| EVEREST FEAGUER POINTE EEC | | |
|---|--|---------------------|
| (Name of the Limited Liability Company as it now appears on (A Florida Limited Liability Company) | our records.) | |
| The Articles of Organization for this Limited Liability Company were filed on July 21 Florida document number 123000348166 | . 2023 and assigned | d |
| -torida document number | | |
| 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 | ntion "LLC" or the abbreviation "L.L.C." | |
| Enter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDRESS) | | |
| | 282 | |
| Enter new mailing address, if applicable: | AON 8 | # 2 2 22 - |
| Mailing address MAY BE A POST OFFICE BOX) | <u>ω</u> c | |
| Matting data ess MAT BE A LOST OF FICE BOX) | To 99 2≇ oo | <u>5,77</u> |
| | 2 - | |
| B. If amending the registered agent and/or registered office address on our record agent and/or the new registered office address here: | ds, enter the name of the new reg | <u>gistere</u> |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| Enter Florida st | reet address | |

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.

City

If Changing Registered Agent, Signature of New Registered Agent

_. Florida _

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 | Everest Flagler Pointe Two LLC | 409 BALA CYNWYD | ddd |
| | | BALA CIRCLE, PA 19004 | □Remove |
| | | | □Change |
| MGR | EVEREST 54 FLAGLER POINTE LP | 409 BALA CYNWYD | □Add |
| | | BALA CIRCLE, PA 19004 | ■Remove |
| | | | □Change |
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| ffective date, if other than the can effective date is listed, the date must tote: If the date inserted in this bloocument's effective date on the Department. | be specific and cannot be prior to date of filing or rick does not meet the applicable statutory filing | (optional) more than 90 days after filing.) Pursuant to 605 mg requirements, this date will not be liste | .0207 ed as |
| record specifies a delayed effective is filed. | date, but not an effective time, at 12:01 a.m. | on the earlier of: (b) The 90th day after | the |
| ated November 13, | . 2023 | | |
| | | | |
| Zev Shaposhnick (Nov 13, 2023 11:0 | resn Signature of a member or authorized represent | | |

Filing Fee: \$25.00