

9/26/23, 4:15 PM

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filings Sheet

L2300430/71

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.

((H23000342165 3))



H2300034216534BC

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
FL HC PROPCO LLC**

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

RECEIVED

2023 SEP 28 PM 4:44

DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

2023 SEP 28 PM 4:15

Electronic Filing Menu

Corporate Filing Menu

Help

SEP 29 2023

10X

(((H23000342165 3)))
ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FL HC 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 09/14/2023 and assigned Florida document number 123000430171.

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 "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

3512 QUENTIN ROAD

(Principal office address MUST BE A STREET ADDRESS)

SUITE 200

BROOKLYN, NY 11234

Enter new mailing address, if applicable:

3512 QUENTIN ROAD

(Mailing address MAY BE A POST OFFICE BOX)

SUITE 200

BROOKLYN, NY 11234

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida

City

Zip Code

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

((H23000342165 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	SCHOENFELD, ROBERT	3512 QUENTIN ROAD	<input type="checkbox"/> Add
		SUITE 200	<input type="checkbox"/> Remove
		BROOKLYN, NY 11234	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

((H23000342165 3))

