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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEVINE & PARTNERS, P.A.

Account Number : 074677001117 Phone : (305)372-1350 Fax Number : (305)423-3206

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

Email Address: gar alevinslawfirm.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MPHP OAKLAND HOLDINGS LLC

Certificate of Status	0
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SEP 2 2 2023

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MPHP Oakland Holdings LLC	
( <u>Name of the Limited Liability Company as it now app</u> (A Florida Limited Liability Compan	gars on our records.)
The Articles of Organization for this Limited Liability Company were filed on Florida document number 1.23000431562	September 15, 2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	0235
The new name must be distinguishable and contain the words "Limited Liability Company," th	e designation "LLC" or the abbreviation [L.L.C."
Enter new principal offices address, if applicable:	7 0
Principal office address MUST BE A STREET ADDRESS)	
·	<u></u>
	<u>.</u>
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	······································
3. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here:	records, enter the name of the new regis
Name of New Registered Agent:	
New Registered Office Address:	
Enter F	lorida street address
City	Florida Zap Code

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

09/21/2023 09:23 AM

TO:18506176383 FROM:3054233206

Page: 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>	Type of Action
MGR	Posner Family Holdings LLC	1950 \$2nd Street	
		Brookiyn, NY 11204	<b>■</b> Remove
MGR	Mark Posner	1950 52nd Street	■Add
		Brooklyn, NY 11204	
			□Change
			□Add
			□Remove
			Change
			DAdd
			□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□
			Change
			\ \ \ \ \ \
			□Remove
			\ \ \ \ \
			□Change

If amending any other information	on, enter change(s) here: vAttach additional sheets, if necessary.)
<u></u>	
	se specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 k does not meet the applicable statutory filing requirements, this date will not be listed (
e record specifies a delayed effective d rd is filed.	late, but not an effective time, at 12:01 a.m. on the earlier of; (b). The 90th day after th
Dated September 21	2023
Assac 3	Schlesinger  gnature of a member or authorized representative of a member
Se	gnature of a member or authorized representative of a member
Isaac Schlesinger	
-	Typed or printed name of signee

Filing Fee: \$25.00