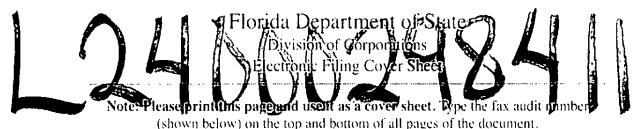
Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053

Phone : (561)694-8107 Fax Number : (561)214-8442

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

mail	Address:				

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SBG APPLE CENTRAL X, LLC

Certificate of Status	0
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M. SOLOMON JUL 2 4 2024

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SBG APPLE CENTRAL X, LLC				
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	iy as it now appears on our records.) lability Company)			
The Articles of Organization for this Limited Liability Company	were filed on	and assigned		
Florida document number				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company here:			
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the	e abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		2024 JUL 23		
(Principal office address MUST BE A STREET ADDRESS)				
		SS N		
		05 S 05 S		
Enter new mailing address, if applicable:		STATE		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the n</u>	ame of the new registered		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florida			
	Cuy	Zip Code		

New Registered Agent's Signature, if changing Registered Agent:

15612148442

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 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>	Name	Address	Type of Action	
MGR	PNX MANAGEMENT, LLC	12540 W. ATLANTIC BLVD	□Add	
		CORAL SPRING, FL 33071	≣Remove	
			🖸 Change	
MGR	PNX ADMIN, LLC	12540 W. ATLANTIC BLVD	≣Add	
		CORAL SPRING, FL 33071	□Remove	
			☐ Change	
			DAdd S	
			AHAMSE EL SHORIDA AHAMS EL SHORIDA OCK CO FRI 3: 37	
			□Ædd □Remove	
			□Change	
			□Add	
			□Remove	
			□Change	
			□Add	
			□Remove	

					
					2024 JUL 23
				AFTARY OF	
				STATE	P# 3: 57
E. Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this I document's effective date on the	block does not meet the ap	plicable statutory filin	ore than 90 days after filing.) I g requirements, this date w	Pursuant to 605.020 ill not be listed a	07 (346) is the
If the record specifies a delayed effect record is filed.	ive date, but not an effective	ve time, at 12:01 a.m.	on the earlier of: (b) The	90th day after the	e
Dated July 22nd	. 2024				
/s/ Kunning Cl					

Filing Fee: \$25.00

Typed or printed name of signee