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Florida Department of State



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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 : (561)214-8442 Fax Number **Enter the email address for this business entity to be used for future activannual report mailings. Enter only one email address please.** Email Address:___

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

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M. SOLOMON

JUL 2 4 2024

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SBG APPLE CENTRAL XIII, LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor Florida document number <u>L24000298485</u>	•	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limite</u>	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	rd Liability Company," the designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRE	:SS)	SECRETARY
		55 55 55 55
		70 PX
Enter new mailing address, if applicable:		ST/ 32
(Mailing address MAY BE A POST OFFICE BOX)		58
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter the r</u>	name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	i
	City	Zin 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 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		
		CORAL SPRING, FL 33071	□Remove
			2024 JUL 23
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			□Remove
			DAdd
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			□Change

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Effective date, if other than the fan effective date is listed, the date must Note: If the date inserted in this blodocument's effective date on the Do	ick does not meet the applicable i	e of filing or more than 90 day statutory filing requiremen	(optional) ys after filing.) Pursuant to 605. tts, this date will not be liste	0207 (3) ed as the
e record specifies a delayed effective distilled.	date, but not an effective time, a	t 12:01 a.m. on the earlier	of: (b) The 90th day after	the
Dated	2024			

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