

To:

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2025-03-12 11:05:09 EDT

407.244.5690

From: Orlando Office Carrie Ramos

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

L25000008282

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((H25000093052 3)))



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To:

Division of Corporations
Fax Number : (850)617-6383

From: Carrie Ramos, FRP, Paralegal PLEASE FAX CONFIRMATION TO 407 244-5690

Account Name : GRAYROBINSON, P.A. - ORLANDO
Account Number : I20010000078
Phone : (407)843-8880
Fax Number : (407)244-5690

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

Email Address: aorosz@hcpland.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WJO PARK AVENUE, LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

2025 MAR 12 PM 2:50

FILED

RECEIVED

2025 MAR 12 AM 10:35

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

MAR 13 2025

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WJO Park Avenue, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2025 MAR 12 PM 2:50
CLERK OF CIRCUIT COURT
JUDICIAL CIRCUIT IN AND FOR
DADE COUNTY, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on January 8, 2025 and assigned
Florida document number L25000008282.

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: _____

(Principal office address MUST BE A STREET ADDRESS) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

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

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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	William S. Orosz, Jr.	605 Commonwealth Avenue, Orlando FL 32803	☒ Add
			☐ Remove
			☐ Change
AR	Stephen W. Orosz	605 Commonwealth Avenue, Orlando FL 32803	☒ Add
			☐ Remove
			☐ Change
AR	Andrew J. Orosz	605 Commonwealth Avenue, Orlando FL 32803	☒ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

FILED
MAR 2 2:50
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