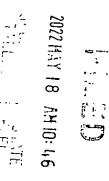
## M1400003558

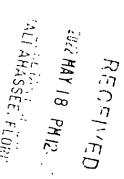
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer

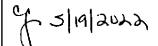




900387340279







CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE : 685990 4500665
AUTHORIZATION : Smelle le man
COST LIMIT : \$25-00
ORDER DATE: May 17, 2022
ORDER TIME : 8:23 AM
ORDER NO. : 685990-030
CUSTOMER NO: 4500665
FOREIGN FILINGS
NAME: PF WESTCHESTER, LLC
CORPORATE LIMITED PARTNERSHIP XX LIMITED LIABILITY COMPANY
XXXX AMENDMENT
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Alexxis Weiland EXT#

EXAMINER:

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

## SECTION I (1-4 must be completed)

2022 HAY 18 AH 10: 46

State: PF Westchester, LLC			partment of	ال
				_
nter new principal office address	, if applicable:			_
<u>Principal office address</u> <u>1UST BE A STREET ADDRES.</u>	<u></u>			
	<del></del>			_
nter new mailing address, if appl Mailing address				_
<u>IAY BE A POST OFFICE BOX</u>	·	<del></del>		_
. The Florida document number o	of this limited liability compar	y is: M1400000355	58	_
. Jurisdiction of its organization:	Delaware			_
. Date authorized to do business				_
ECTION II (5-9 complete only				
. New name of the limited liabili	ty company: GFP Westches	ter, LLC		
	(must contain "Lin	ited Liability Comp	any, " "L.L.C.," or "LLC	(".")
If name unavailable, enter alternations of the written consent of the nust contain "Limited Liability Contain".	managers or managing member	rs adopting the alter		
. If amending the registered agen egistered agent and/or the new reg	gistered office address here:	ess on our records, g	enter the name of the new	<u>'</u>
lame of New Registered Agent:	Scott Linsky			_
	11760 West Sample Road, S			
lew Registered Office Address:		— Enter Florida S	Street Address	
	Coral Springs	isite Trontact	Florida	

3. If the amendment changes person, title or capacity in accordance with 605,0902 (1)(e), indicate that change:					
tle/ Capacity	<u>Name</u>	Address	Type of Action		
			□Add		
			□Remo		
			□Add		
			□Remo		
	_		□Add		
		· · · · · · ·	□Remo		
			□Add		
			□Remo		
aforementioned ame	rate, if required: no more than 90 ndment(s), duly authenticated by e law of which this entity is organ	the official having custody of records in	□Remo		

Filing Fee: \$25.00

Page 1

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "PF WESTCHESTER, LLC",

FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "GFP

WESTCHESTER, LLC" ON THE NINETEENTH DAY OF APRIL, A.D. 2022, AT

3:13 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED

LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT

HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS

OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.



Authentication: 203455877 Date: 05-17-22

5532505 8320 SR# 20222084531