

L11000132390

(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:

Office Use Only



200280204182

01/04/16--01007--015 **25.00

2016 JAN -4 P 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

JAN 05 2016
D. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 2101 Property Holding Co., LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Griselle Piferrer
Name of Person
2101 Property Holding Co., LLC
Firm/Company
2101 SW 20th Place
Address
Ocala, FL 34471
City/State and Zip Code
saprashad@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Griselle Piferrer at (352) 622-7008
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SECRETARY OF STATE
TALLAHASSEE, FL
2015 JAN - 4 P 11:30
FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

2101 Property Holding Co., LLC

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

The Articles of Organization for this Limited Liability Company were filed on 11/21/2011 and assigned Florida document number L11000132390.

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: Rakesh Prashad, MD

New Registered Office Address: 2101 SW 20th Place

Enter Florida street address

Ocala, Florida

City

34471
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

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>
MGM	J. Robert McGhee, DO	2101 SW 20th Place Ocala, FL 3447	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGM	William F. Dressen, MD	2101 SW 20th Place Ocala, FL 3447	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGM	Vijay K. Mittal, MD	2101 SW 20th Place Ocala, FL 3447	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGM	Surexa S. Cacodcar, MD	2101 SW 20th Place Ocala, FL 3447	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGM	Lan Luo, MD	2101 SW 20th Place Ocala, FL 3447	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGM	Lan Luo, MD	2101 SW 20th Place Ocala, FL 3447	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

RECEIVED
 JUN 14 2011
 11:45 AM
 CLERK

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

MGM Tong Liu, MD 2101 SW 20th Place Ocala, FL 34471 remove

MGM Rakesh Prashad, MD change address: 2101 SW 20th Place Ocala, FL 34471

E. Effective date, if other than the date of filing: 11/8/2015 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 12/20/2015



Signature of a member or authorized representative of a member

RAKESH PRASHAD, M.D.

Typed or printed name of signee

RECEIVED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
016 JAN -11 P 1:18
FILED