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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	
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ALLAHASSEF FINALE SECRE LARY OF STATE

COVER LETTER

	Division of Co				
SUBJEC		RAD BINDER, LLC			
SOBJEC	· 1 ·	Name of Lim	ited Liability Company		
The encle	osed Articles of	Amendment and fec(s) are sub	mitted for filing.		
Pl e ase re	turn all corresp	ondence concerning this matter	to the following:		
		DIRK KUMMERLE			
			Name of Person		
			Firm/Company		
	6000 NW HIGHWAY 225A				
			Address		
		OCALA, FL. 34482			
	City/State and Zip Code				
		DIRK@KUMMERLE.COM			
			to be used for future annual report no	tification)	
For furth	er information	concerning this matter, please co	all:		
MICHAEL J. COOPER Name of Person		352 502-4790 at (
			me Telephone Number		
Enclosed	l is a check for	the following amount:			
\$25.0	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)	
		LING ADDRESS:	STREET/COUP Registration Sect	RIER ADDRESS:	
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Division of Corp			
			Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DR. KONRAD BINDER, LLC			
(Name of the Lim	ited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited I	Liability Company	were filed on <u>07/25/2013</u>	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liah	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (<u>Principal office address MUST BE A STREET ADDRESS)</u>		6000 NW HIGHWAY 225A	
		OCALA, FL. 34482	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and registered agent and/or the new registered of	Vor registered o	6000 NW HIGHWAY 225A OCALA, FL. 34482 ffice address on our records, e	nter the name of the new
		-	201 32 7 A LI
Name of New Registered Agent:	DIRK KUMMI	ERLE	A
New Registered Office Address:	6000 NW HIG	HWAY 225A	AY I
		Enter Florida street address	Ω° W≺ ₹.
	OCALA	, Floric	la 3448277 37
Nam Bouldaned Annual Cines 15.1	.	City	ASSET TO THE PROPERTY OF THE P
New Registered Agent's Signature, if changing			
I hereby accept the appointment as register provisions of all statutes relative to the propaccept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	oer and complete istered agent as p registered office	performance of my duties, and I provided for in Chapter 605, F.S	am familiar with and . Or, if this document is

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>	Address	Type of Action
MGR	ALBRECHT H. KMMERLE	12932 NW 41ST PLACE	□ Add
		OCALA, FL. 34481	■ Remove
			☐ Change
MGR DIRK KUMMERLE	DIRK KUMMERLE	6000 NW HIGHAY 225A	Œ Add
	OCALA, FL. 34482	Remove	
			☐ Change
			Db∧ □
			□ Remove
			☐ Change
		D Add	
			□ Remove
			□ Change
			Add
			Remove
			Change
			Add
			□ Remove
			Change

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00