## L17000020868

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	<del>e #)</del>
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(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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## **COVER LETTER**



Registration Section Division of Corporations

SUBJECT:		TH PROPERTIES, LLC		
	mendment and fee(s) are subdence concerning this matter	_		·
	JEREMIAH J. S	SISSON & STEDRO Name of Person	Y J. MAYNARD	
	PONTE	HEALTH PROPERTI	ES, LLC	-ti.o 🕿
		Firm/Company		)22 J
	424	4 E CENTRAL BLVD	#536	85 JUL 280
		Address		1178
		ORLANDO, FL 32801		TH 2: 20
	ioi	City/State and Zip Code	~	20
	E-mail address:	sson@ejarealestate.cor (to be used for future annual rep	ort notification)	
For further information cor	ncerning this matter, please o	call:		
JEREMIAH .	J. SISSON	at ( 407 )	986.1044	
Name of	Person	Area Code	Daytime Telephone Number	_ <del></del>
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 enclose	ed) Certified	e of Status &
Mailing Address: Registration So Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations	Division of The Centre 2415 N. M.	ress: on Section of Corporations re of Tallahassee Monroe Street, Suite 83 ee, FL 32303	10

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DONTE HEALTH PROPERTIES LLC

	1 our records.)		
e Articles of Organization for this Limited Liability Company were filed on	and assigned		
orida document number <u>L17000020868</u>			
is amendment is submitted to amend the following:			
If amending name, enter the new name of the limited liability company here:			
new name must be distinguishable and contain the words "Limited Liability Company," the desig	nation "LLC" or the ab	breviation "L.	IC."
ter new principal offices address, if applicable:		<u> </u>	
rincipal office address MUST BE A STREET ADDRESS)		2022   SEC	
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ter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·		: 7.
Tailing address MAY BE A POST OFFICE BOX)		<u>نا تا</u>	1
		20 	

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	JEREMIAH J. SISSON	424 E Central Blvd #536	□Add
		Orlando, Florida 32801	
AMBR	STEDROY J. MAYNARD	4343 Cassius St.	
		Orlando, Florida 32811	<b>⊘</b> Remove
			□ Change
			□Add
			□Remove
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			200 € TRemove
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			□Remove
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						21:		
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Note: If the document's of	effective date on the	tive date, but not	t an effective tim	ne, at 12:01 a.m.	on the earlier of:	(b) The 90th d	lay after t	the