

From:

10/11/2017 10:18

#673 P.001/005

Division of Corporations

Page 1 of 2

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

L17000029207

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 Fax Number : (850)617-6383

From: Account Name : COGENCY GLOBAL, INC.  
 Account Number : 120609000088  
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 LLP ENTERPRISES, LLC**

Certificate of Status	0
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Page Count	05
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Corporate Filing Menu

Help

From:

10/11/2017 10:18

#673 P.002/005

850-617-6381

10/11/2017 9:57:32 AM PAGE 1/001 Fax Server



October 11, 2017

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

LLP ENTERPRISES, LLC  
10815 NW 5TH STREET  
PLANTATION, FL 33324

SUBJECT: LLP ENTERPRISES, LLC  
REF: L17000029207

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren  
Regulatory Specialist II

FAX Aud. #: H17000266449  
Letter Number: 017A00020463

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From:

10/11/2017 10:18

#673 P.003/005

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

LLP ENTERPRISES, 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 February 8, 2017 and assigned Florida document number L17000029207

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:

3000 Taft Street, Hollywood, Florida 30021

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

3000 Taft Street, Hollywood, Florida 30021

(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:

Joseph Pallet, Esq.

New Registered Office Address:

825 Brickell Bay Drive, Suite 1644

*Enter Florida street address*

Miami

*City*

Florida 33131

*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

From:

10/11/2017 10:19

#673 P.004/005

If attending 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	Eric A. Mendelson	825 Brickell Bay Drive, Suite 1644	<input checked="" type="checkbox"/> Add
		Miami, FL 33131	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Carlos L. Macau, Jr.	825 Brickell Bay Drive, Suite 1644	<input checked="" type="checkbox"/> Add
		Miami, FL 33131	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	David Susser	825 Brickell Bay Drive, Suite 1644	<input checked="" type="checkbox"/> Add
		Miami, FL 33131	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Laure Parelle	13800 NW 2nd Street, Suite 100	<input checked="" type="checkbox"/> Add
		Sunrise, FL 33325	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Laurent Parelle	13800 NW 2nd Street, Suite 100	<input checked="" type="checkbox"/> Add
		Sunrise, FL 33325	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2017 OCT 11 AM 9:14

From:

10/11/2017 10:19

#673 P.005/005

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

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (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 605.0297 (3X5)  
 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 September 30, 2017

*St. Solberg*  
 Signature of a member or authorized representative of a member

AMRE MEDICAL SEITZER  
 Typed or printed name of signer

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