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COVER LETTER

Corporations		
. 19th Ave., LLC		
Name of Lim	ited Liability Company	
s of Amendment and fee(s) are sub	omitted for filing.	
espondence concerning this matter	to the following:	
Michael De Lucca		
	Name of Person	
Broward Regional Health	Planning Council	
	Firm/Company	
200 Oakwood Lane, Ste. 1	00	
	Address	
Hollywood, FL 33020		
	City/State and Zip Code	
mdelucca@brhpc.org	to be used for future appeal copyright	(Gartion)
		meatony
	954 561-9681	
ne of Person		ne Telephone Number
or the following amount:		
e S30.00 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)
	<u>Street Address:</u> Registration Sc	ection
	Name of Lim s of Amendment and fee(s) are subsespondence concerning this matter Michael De Lucca Broward Regional Health 200 Oakwood Lane, Ste. 1 Hollywood, FL 33020 mdelucca@brhpc.org E-mail address: (on concerning this matter, please concerning this matter.	Name of Limited Liability Company s of Amendment and fee(s) are submitted for filing. espondence concerning this matter to the following: Michael De Lucca Name of Person Broward Regional Health Planning Council Firm/Company 200 Oakwood Lane, Ste. 100 Address Hollywood, Fl. 33020 City/State and Zip Code mdelucca@brhpc.org E-mail address: (to be used for future annual report not on concerning this matter, please call: at (

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1116 S. 19th Ave., 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 $\frac{10/01/2018}{10/01/2018}$ and assigned 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 abbreviati Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) \circ 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: New Registered Office Address: Enter Florida street address

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</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Broward Regional Health Planning	200 Oakwood Lane, Ste.100	■Add
		Hollywood, FL33020	□Remove
		-	□Change
MGR	BRHPC Housing Administration	200 Oakwood Lane, Ste.100	
		Hollywood, FL33020	□Remove
			SECOND COMMENT
			Permove Change
			□ Add
			□Remove
			□ Change
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Filing Fee: \$25.00

Typed or printed name of signee