

LD5000046885

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

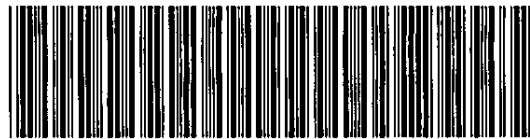
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

IAN 12 2013



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 13, 2013

VIVO, LLC
25715 NEWBERRY ROAD
NEWBERRY, FL 32669

SUBJECT: VIVO, LLC
Ref. Number: L05000046885

We have received your document for VIVO, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your entity was administratively dissolved or its certificate of authority was revoked for failure to file the annual report/uniform business report as required by law. To reinstate this entity complete the enclosed application/report form.

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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 813A00028371

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

2013 DEC -9 PM 4: 01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VIVO, 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 05-11-2005 and assigned
Florida document number L05000046885

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Plaza 4897, LLC

The new name must be distinguishable and end with 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)

David B. Leiser

25715 Newberry Rd.

Newberry, FL 32669

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

David B. Leiser

25715 Newberry Rd.

Newberry, FL 32669

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:

David B. Leiser

New Registered Office Address:

25715 Newberry Rd.

Enter Florida street address

Newberry

City

Florida 32669

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 608, 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.

David B. Leiser
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	David B. Leiser	25715 Newberry Rd/ Newberry, FL 32669	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	David Leiser	2335 NW 282nd Street Newberry, FL 32669	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated:

12/03/13

Signature of a member or authorized representative of a member

DAVID B. LEISER

Typed or printed name of signer

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