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K. SALY EXAMINER APR 1 0 2014

DURANT, SCHOEPPEL, DECUNTO & RATCHFORD, P. A.

ATTORNEYS AT LAW

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Paralegal

April 7, 2014

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE: Kanter's University Boulevard Properties, LLC

Document Number: L05000053042

Request to change LLC's name and Registered Agent

Kanter's Old Kings Road Properties, LLC

Document Number: L05000031571 Request to change Registered Agent

Kanter's Ocean 14 Properties, LLC Document Number: L05000031205 Request to change Registered Agent

Kanter's Colony Cove Properties, LLC Document Number: L05000031568 Request to change Registered Agent

Cardiovascular Associates of Jacksonville, P.A.

Document Number: 616602

Request to change Registered Agent

To whom it may concern,

Enclosed please find the Articles of Amendment to Articles of Organization for the above referenced LLCs together with our firm check in the amount of \$125.00 for the associated filing fees. Additionally enclosed please find a postage paid envelope for mailing the letters of acknowledgments once the amendments have been filed.

Please call me at the number above should you have any questions or inquiries regarding this request.

Stephen H. Durant

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

Kanter's University Boulevard Properties, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stephen H. Durant

Name of Person

Durant, Schoeppel, Decunto & Ratchford, P.A.

Firm/Company

6550 St. Augustine Road, Suite 105

Address

Jacksonville, FL 32217

City/State and Zip Code

mlewis@ds-law.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephen H. Durant

..,904、652-26

Name of Person

Area Code

Daytime Telephone Number

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 enclosed)

□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2014 APR -9 PM 4: 35

Kanter's University Bou	levard Properties,	LLC	SECRETICE IN 4: 3
(Name of the Limi	ted Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)	SECRETARY OF STATE TALLAHASSEE, FLORIDS
The Articles of Organization for this Limited L	iability Company were f	iled on March 26, 200	of and assigned
Florida document number L05000053042	2		
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited liability co	mpany here:	
Kanter's Windridge Court Properti			
The new name must be distinguishable and end with the	words "Limited Liability Co	mpany," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:		
(Principal office address MUST BE A STREI	ET ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	BOX)		population and the second seco
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	office address here:	ddress on our records,	
-	6550 St. Augustina Dond. Suita 105		
New Registered Office Address:			
	Jacksonville	. Flori	ida 32217
	Ci		Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as register provisions of all statutes relative to the propaccept the obligations of my position as reg	per and complete perfo	ingnce of my duties, and	I am familiar with and

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

being filed to merely reflect a change in the registered office add ass. Thereby confirm that the limited liability

company has been notified in writing of this change.

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

MGR = Max AMBR = Aa	anager uthorized Member	•	•
<u>Title</u>	Name	Address	Type of Action
		·	
			□ Remove
·			-
•			□ Remove
			□ Remove
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			Add
		·	Remove

	•

Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of receipt or filed date at the date this document is filed by the Florida Department of State)	(optional) and cannot be more than 90 days after
Dated April 3 2014	•
Laurence James Kar Signature of a member or authorized re	Dresentative of a member
Signification of a member of administration rep	

Page 3 of 3

Filing Fee: \$25.00