## 10500080193

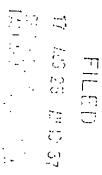
(R	equestor's Name)	
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## **COVER LETTER**

TO:

	Registration Se Division of Cor				
erm rez	P& E, LLC	;			
SUBJEC	.1:	Name of Limit	ed Liability Company		
The encl	osed Articles of	Amendment and fee(s) are subn	nitted for filing.		
Please re	turn all correspo	ndence concerning this matter to	o the following:		
		Randal C. Fairbanks, Esc	q.		
			Name of Person		ب المدن مدن
		Fairbanks Law Group, PL	_		
			Firm/Company		- :-
113 Nature Walk Parkway, Suite103					C.
			Address		
		St. Augustine, Florida 320	)92		(.1 1
			City/State and Zip Code		_ :-
		agrant@jaxdoctor.com	o be used for future annual r		
For furth	er information e	oncerning this matter, please cal		ерон пописанов)	
	C. Fairbanks	the mater, preuse ear		7-6300	
		f Person	at () Area Code	Daytime Telephone Numbe	ī
				, , , , , , , , , , , , , , , , , , , ,	
Enclosed	Lis a check for th	ne following amount:			
□ \$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is encl	Certifica (osed) Certified	ate of Status &
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 assee, FL 32314	Registrati Division o Clifton B	COURIER ADDRESS: on Section of Corporations uilding cutive Center Circle	

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

P& E. LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	Liability Company)	
ne Articles of Organization for this Limited Liability Company	were filed on 8/15/2005	and assigned
orida document number L05000080193		
is amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liab	oility company here:	
issenbach Properties, LLC		
new name must be distinguishable and contain the words "Limited Liab	iity Company," the designation "LLC" o	r the abbreviation*1L.C."
iter new principal offices address, if applicable:	2065 Herschel St	<u> </u>
rincipal office address MUST BE A STREET ADDRESS)	Jacksonville, FL 32204	
nter new mailing address, if applicable:		i i i i i i i i i i i i i i i i i i i
failing address MAY BE A POST OFFICE BOX)		
If amending the registered agent and/or registered ogistered agent and/or the new registered office address her  Name of New Registered Agent:  Elyssa A Blis		enter the name of the
N Pin and Oct. Address 2065 Hersche	el St	
New Registered Office Address: 2005 Herschie	Enter Florida street address	
Jacksonville		da <u>32204</u>

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being added or removed from our records:

MGR = Manager

A٨	1BR	= A	utho	rized	M	lem	ber
----	-----	-----	------	-------	---	-----	-----

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Paul J. Scioscia		
		347 Clearwater Dr., Ponte Vedra	
		<del></del>	□ Change
MGR	Elyssa A. Blissenbach, MD	2065 Herschel St., Jacksonville,	-L 333 04 
			☐ Remove
			□ Change
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<b>Tective date, if other than the da</b> an effective date is listed, the date must be ote: If the date inserted in this block ocument's effective date on the Department.	e specific and cannot be prior to a does not meet the applicab			
e record specifies a delayed e The 90th day after the record		an effective time, at 12	:01 a.m. on the earlie	er o
August	. 2017			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00