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From: Account Name : GARY, DYTRYCH & RYAN, P.A.
Account Number : I19990000255
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STATE OF FLORIDA
TALLAHASSEE, FL

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
VISTA PROFESSIONAL CENTER IV, LLC**

Certificate of Status	0
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S. PRATHER

2018 DEC 26 PM 1:47

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

(((H18000364053 3)))

FILED
 2018 DEC 26 PM 1:57
 TALLAHASSEE, FL
 STATE
 ASSIGN

VISTA PROFESSIONAL CENTER IV, 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 11/07/2005Florida document number L05000107986

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:

(Principal office address MUST BE A STREET ADDRESS)133 U.S. HIGHWAY ONENORTH PALM BEACH, FL 33408

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)133 U.S. HIGHWAY ONENORTH PALM BEACH, FL 33408**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:LAWRENCE W. SMITH, ESQ.New Registered Office Address:701 U.S. HIGHWAY ONE, SUITE 402*Enter Florida street address*NORTH PALM BEACH*City*Florida 33408*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

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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

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	PAUL T. SABATELLO	9002 BURMA RD, SUITE 100	<input type="checkbox"/> Add
		PALM BEACH GARDENS, FL 33403	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MICHAEL SABATELLO	9002 BURMA RD, SUITE 100	<input type="checkbox"/> Add
		PALM BEACH GARDENS, FL 33403	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	THEODORE SABATELLO	9002 BURMA RD, SUITE 100	<input type="checkbox"/> Add
		PALM BEACH GARDENS, FL 33403	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JSJR RIVIERA, LLC	701 U.S. HIGHWAY ONE, SUITE 402	<input checked="" type="checkbox"/> Add
		NORTH PALM BEACH, FL 33408	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

E. Effective date, if other than the date of filing: _____ (optional)

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 605.0207 (3)(b)

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.

(b) The 90th day after the record is filed.

Dated _____, _____

Signature of a member or authorized representative of a member

John Staluppi, Manager of JSJR Riviera, LLC, member of Vista Professional Center IWP, LLC

Typed or printed name of signee

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Filing Fee: \$25.00

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