# LO60000 47588

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	





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**S Warren JUN 2 3 2016** 

## **COVER LETTER**

Division of C	Section Corporations		
SUBJECT:	Name of Limi	ted Liability Company	ag he
·The enclosed Articles	of Amendment and fee(s) are sub-	nitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
:		Name of Person	- Hospital
:	Benguer	Firm/Company	my Eliniz
	4540 61	deMorrie	Elid.
	PortC	City/State and Cip Sode	32129
	Y Cocy. Ec. V	to be used for future annual report notif	resolution)
For further information	on concerning this matter, please ca	dl:	
Recent	ne of Person	at (Area Code Daytime	e Telephone Number
Enclosed is a check for	or the following amount:		
\$25.00 Filing Fee	-	□ \$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

WE WIL	mal Fr
( <u>Name of the Limited Liabilit</u> (A Florida	(Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	red liability company here:
	France LLE
The new name must be distinguishable and contain the words "Limit	ed 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 ADDR	ESS)
	The Carlot State of the Ca
Enter new mailing address, if applicable:	The state of the s
(Mailing address MAY BE A POST OFFICE BOX)	
	DE 5
B. If amending the registered agent and/or regist	ered office address on our records, enter the name of the new
registered agent and/or the new registered office addr	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City 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

MGR =	Managar		
	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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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:

Signature of a member or authorized representative of a member  Porton Column  Typed or printed name of signee		•							
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Filing Fee: \$25.00