

107 0000 79044

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

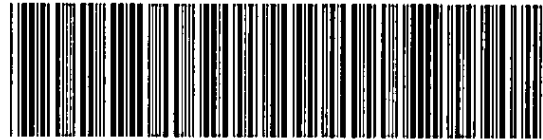
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

7/14/21
JIM

Office Use Only



500367919165

DE 14/21--01026--020 **35.00

21 JUN 14 PM 12:57

6-10-2021

DAFNA LEBOW

220 SW 84 Ave.

Suite 203

Plantation, FL 33324

Daytime Phone (954) 224-5477

Registration Section

Division of Corporations

The Centre of Tallahassee

2415 N. Monroe St, Suite 810

Tallahassee, FL 32303

Re: Doc. No. L07000079044

Dear Sir:

Enclosed is the Form
changing the name of
the Registered Agent.

DAFNA LEBOW MD LLC

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

DAFNA LEBOW MD LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

21 JUN 14 PM 12:58

The Articles of Organization for this Limited Liability Company were filed on Aug 01, 2007 and assigned Florida document number L 07-000079044

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

DAFNA LEBOW

New Registered Office Address:

220 SW 84th Avenue, Suite 203

Enter Florida street address

PLANTATION

City

Florida

Zip Code

33324

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

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>
			<input type="checkbox"/> Add
			<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
			<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.)*

21 JUN 14 PM 12:58

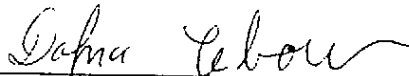
E. Effective date, if other than the date of filing: _____ (optional)

(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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated June 10, 2021



Signature of a member or authorized representative of a member

DAFNA LEBOW

Typed or printed name of signee