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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 : (954)208-0845 Fax Number

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

Email Address:_____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN OLIVER-PYATT CENTERS, LLC

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ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

Oliver-Pyatt Centers, LLC	9
(Name of the Limited Link (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)
The Articles of Organization for this Limited Liability	y Company were filed on 11/02/2007 and assigned
Florida document number L07000111589	
This amendment is submitted to amend the following:	:
A. If amending name, enter the new name of the li	mited liability company here:
The new name must be distinguishable and contain the words "L	imited 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 ADI	DRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	gistered office address on our records, enter the name of the n
registered agent and/or the new registered office ad	<u>idress here</u> :
Name of New Registered Agent:	
Transcot from Hegistered Figure.	
New Registered Office Address:	Sutar Elavida resust addess
	Enter Florida street address , Florida

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

Page: 4 of 5

<u>Title</u>	Name	Address	Type of Action
AMBR	Monte Nido Holdings, LLC	6100 SW 76th Street	
		Miami, FL 33143	☑ Remove
			☐ Change
AMBR Monte Nido Intermediate Notaings III, U.C.		6100 SW 76th Street	
	", etal-go m, acc	Miami, FL 33143	□ Remove
		Change	
	· · · · · · · · · · · · · · · · · · ·	□ Remove	
		□ Change	
			O Add
		are the desired and the second and t	□ Remove
			Change
		D Add	
			☐ Remove
			Change
			Add
			☐ Remove
			☐ Change

Michael Bagley

Filing Fee: \$25.00

Typed or printed name of signee

gnature of a member or authorized representative of a member