<u>10800030147</u>

(Re	questor's Name)
(Ad	dress)	
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(Cit	y/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
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Certified Copies	_ Certificate	es of Status
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Special Instructions to	Filing Officer:	
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SECRETARY OF STATE DIVISION OF CORPORATION

G. MCLEOD

SEP 15 2008

EXAMINER

COVER LETTER

TO: Registration Se Division of Cor			• .	
SUBJECT: 2140 INV	/ESTMENTS, LLC			
	(Name of Lim	ited Liability Company)		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Charles Gamble			
		(Name of Person)		
	K&L Gates, LLP			
		(Firm/Company)		
	200 South Biscayne Blvd	I., Suite 3900		
		(Address)		
	Miami, Florida 33131			
		(City/State and Zip Code)		
For further information of	concerning this matter, please c	all:		
Charles Gamble	at (305) 539-3300			
(Name of Person) (Area Code & Daytime Telephone Number)				
Enclosed is a check for t	he following amount:			
☑ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$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

any as it now appears on our records.) Liability Company)		
y were filed on 03/25/2008	_ and ass	igned
bility company here:		
nited Liability Company," the designation "LLC	C" or the a	abbreviatio
		<u>o</u>
	3S 80	VISIO
200 South Biscayne Blvd., Suite 3900	P 12 P	ATTARY COR
Miami, Florida 33131	ယ္	20
	name (of the ne
ere:		
		
(Enter Florida street addr.	ecc)	
	-00 <i>1</i>	
(City) , Florida	(Zip Cod	de)
1	bility company here: nited Liability Company," the designation "LLC 200 South Biscayne Blvd., Suite 3900 Miami, Florida 33131 office address on our records, enter the ere: (Enter Florida street addressere), Florida	y were filed on 03/25/2008 and ass bility company here: mited Liability Company," the designation "LLC" or the acceptance of the series of t

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	Julio M. Garcia, M.D.	3659 S. MIAMI AVENUE MIAMI, FLORIDA 33133	Add Remove
MGR	Julio M. Garcia, M.D.	3659 S. MIAMI AVENUE MIAMI, FLORIDA 33133	Add Remove
	•		Add Remove
			Add Remove
	THE DAY LEVEL I		Add Remove
			Add Remove
D. If amending	g any other information, enter o	change(s) here: (Attach additional sheets, if neces	sary.)
Dated Septemb	UNSTAN	2008	
	William J. Spratt, J	ember or authorized representative of a member Ir. Typed or printed name of signer	

Typed or printed name or sign

Page 2 of 2

Filing Fee: \$25.00