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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAVISTOCK DEVELOPMENT

Account Number : I20170000084 : (407)909-9957 Phone Fax Number : (407)909-9957

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 LAKE NONA MEDICAL CITY, LLC

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		COVERTELLER
TO: Reg Div	jutration Sec Islon of Corp	ction porations :
		Medical City, LLC
SUBJECT:		Name of Limited Liability Company
The enclosed	d Articles of z	Amendment and fee(s) are submitted for filing.
Please return	ı all correspor	ndence concerning this matter to the following:
		Michelle Dadisman
		Name of Person
		Tavistock Financial, LLC
		Firm/Company
		9350 Conroy Windermere Road
		Address
		Windermere, Ft. 34786
		City/State and Zip Code
		michelle.dadisman@tavistock.com
		E-mail address: (to be used for future annual report notification)
For further i	nformation co	oncerning this matter, please call:
Michelle Da	idisman	407 909-995 7 at ()
		at (

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(additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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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

Lake Nona Medical City, LLC (Name of the Limited (A The Articles of Organization for this Limited Liability Company were filed on August 5, 2008 Florida document number ___L08000075062 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 "LLC." 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: New Registered Office Address: Enter Florida street address

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

Title	Name	Address	Type of Action
VP, T	Jeffrey S. Smith	6900 Tavistock Lakes Blvd,	D Add
	-	Suite 200	■ Remove
		Ortando, Fl. 32827	
VP, T	Benjamin A. Weaver	6900 Tavistock Lakes Blvd.	■ Add
		Suite 200	□ Remove
		Orlando, FL 32827	a china
			☐ Remove
			☐ Change
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fecti	ve date, if other than the date of filing:
m effi	erive 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
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
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rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
The	90th day after the record is filed.
ated	November 13 , 2019.
	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member

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