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**EXAMINER** 

## **COVER LETTER**

Division of Co	rporations ,				
SUBJECT:	Boca Rad	Properties, LLC			
SUBJECT:					
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Joseph H. Kleinman, M.D.				
Boca Rad Properties, LLC					
	Firm/Company				
		NW 13th St., Suite #10			
	Address				
	Boca Raton, Fl. 33486				
		City/State and Zip Code		HATA	- 1
		bocarad@msn.com		RY SEE	ILED
	E-mail address: (	to be used for future annual report	notification)		П
For further information	concerning this matter, please of	call:		RAR 18 AM DI	O
Donr	na M. Loughney	at (_561 )	447-9341	DE DA	
Name of Person			aytime Telephone Number	r	
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl	losed) Certified	ite of Status &	d)
MAII INC ADDDECC.		CTD FET /CA	JIDIED ANNDESS.		

### MAILING ADDRESS:

TO:

**Registration Section** 

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

Boca Rad	I Properties, LLC				
(Name of the Limited Liability C (A Florida Lir	company as it now appear	rs on our records.)			
· ·	1 77				
The Articles of Organization for this Limited Liability Cor	mpany were filed on	04/09/2009	and assigned		
Florida document numberL0900034692					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limite	ed liability company her	<u>re</u> :			
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Compa	any," the designation "I	LC" or the abbreviation		
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRE	<u></u>		<u>XE</u> 20		
			AR 3 71		
			TAR ASS		
Enter new mailing address, if applicable:			SEC CO		
(Mailing address MAY BE A POST OFFICE BOX)	_ <del>_</del>		F STATE		
			SE D		
			Ship Ship		
B. If amending the registered agent and/or registered agent and/or the new registered office addre		our records, <u>enter t</u>	he name of the new		
	<del></del> .				
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 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 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 Type of Action Title **Name** <u>Address</u> MGR George Khoriaty, M.D. 951 NW 13th St. √ Add Suite #1C Remove Boca Raton, Fl. 33486 MGR Daniel E. Rudensky, M.D. 951 NW 13th St. **✓** Add ☐ Remove Suite #1C Boca Raton, Fl. 33486. MGR Matthew J. Saady, M.D. 951 NW 13th St. ✓ Add Suite #1C Remove Boca Raton, Fl. 33486 Craig S. Silverman, M.D. MGR **√** Add 951 NW 13th St. Suite #1C Boca Raton, Fl. 33486 D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) MARCH Dated Signature of a member or authorized representative of a member J. NEEDELL, M.O.

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00