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PICK-UP	☐ WAIT	MAIL
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10 JAN 20 AM II: 33
SEUKETARY OF STATE

## **COVER LETTER**

TO: Registration Sect Division of Corpo	
SUBJECT: 100	Ord Injury Conter, LLC Name of Limited Liability Company
The enclosed Articles of A	mendment and fee(s) are submitted for filing.
Please return all correspond	lence concerning this matter to the following:
	Name of Person
	Name of Person
	1881 W. Oakland Park Blud.
	Ookland Pork Fl 33311
	City/State and Zip Code .
	E-mail address: (to be used for future annual report notification)
For further information cor	cerning this matter, please call:
Nouze, Ha	at $954$ $600 - 1212$ Area Code & Daytime Telephone Number
, iname of i	Area code & Daytine releptione runner
Enclosed is a check for the	following amount:
\$25.00 Filing Fee	\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed)  (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** 

	O1		10 1111 -	_	
Name of the Limited	- 71014	Conter,	10 JAN 20 LLSECRETARY	AM II: 33	
(Name of the Limited	Clability Company	as it now appears o	on our records SSE	FLODIC	
			1 . 1000	· · LOKIDA	
The Articles of Organization for this Limited Lie Florida document number L 09 0000 8	ability Company w	ere filed on 09	116/2009	and assigned	
1090008	39621		1		
Florida document number _ L O ,	•				
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liabili	ty company here:			
,					
The new name must be distinguishable and end with	h tha warda "T imitas	I Lichility Company	" the designation "I I	C" or the abbreviation	
"L.L.C."	Title words Ellimee		_		
		IRAI W C	ookland Pa	ark Klud.	
Enter new principal offices address, if applica	ible:	601/000	Park II	32211	
(Principal office address MUST BE A STREE)	<u>r Address)</u>	wa nana	1010 71	23311	
	-				
Enter new mailing address, if applicable:			<u>.</u>		
(Mailing address MAY BE A POST OFFICE I	3 <i>OX</i> )				
B. If amending the registered agent and/o	r registered offic	e address on our	records, enter th	e name of the new	
registered agent and/or the new registered off	fice address here:				
	Ñ.,	Non	$\cap$		
Name of New Registered Agent:	1002	e, Henri Voaklar			
V B 1 10 0 11	1881 U	u oaklar	nd Park	Rlud.	
New Registered Office Address:	<u> </u>		Florida street addre	200	
	mk land	1 Dark	II	33311	
	<u>ookland</u>	1 1017	, Florida <u></u>	75511	
		City		Zip Code	
New Registered Agent's Signature, if changing Registered Agent:					

If Changing Registered Agent, Signature of New Registered Agent

ouze,

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		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
1gim	Alpha Management and Scruces	2641 N. Andrews Avenue Wilton Manor 77. 3331	Add L X Remove
1gr	Douze, Hanri C	1881 Waakland Park ? Ookland Park 71 333	Add Remove
<u></u>			Add Remove
<u></u>			Add Remove
	·		Add Remove
			Add Remove
D. If am	ending any other information, enter change	e(s) here: (Attach additional sheets, if necessary	<i>?.</i> )
			FILI 10 JAN 20 SEURCI ARY
Dated	01 19 2010 30		AH II: 33
	Signature of a member	or authorized representative of a member	
		or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00