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SECRETARY OF STATE AND ANASSEE, FLORIDA

D. BRUCE OCT 26 2016

## **COVER LETTER**

TO: Registration Se Division of Cor					
Lost Lake I	Medical Building, LLC				
SUBJECT.	Name of Limi	ted Liability Company			
	Amendment and fee(s) are sub-	·			
	Brian M. Kracht, Esq				
		Name of Person			
	Kracht Law Firm, PA				
		Firm/Company			
	230 S. New York Avenue,	Ste. 101			
	****	Address	<del></del>		
	Winter Park, Florida 32789	)			
		City/State and Zip Code	·=-** · ·		
	bkracht@krachtlawfirm.cor	_			
	`	to be used for future annual report notifi	ication)	<b>₽</b>	
For further information of	concerning this matter, please ca	all:			
Brian M. Kracht, Esq		407 966-4554 at ( )		HA HA HA HA	
Name o	of Person		Telephone Number	2016 OCT 25 SECRETARY O	
Enclosed is a check for t	he following amount:			P STA	Ö
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	e of Status &	

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

Lost Lake Medical Building, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number L09000103183 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 "L.L.C." 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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	BHLV HOLDINGS, LLC	3175 Citrus Tower Blvd.	<b>a</b> Add
		Clermont, Florida 34711	□ Remove
			☐ Change
MGR	Bao L. Huynh	12801 Magnolia Pointe Blvd.	Add
		Clermont, Florida 34711	■ Remove
			☐ Change
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			□ Change
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