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EXAMINER

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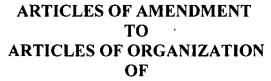
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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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Dixie Parkway Assoc	ciates, LLC			ı	3.0
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			<del></del>	Art of Inc. File	
				LTD Partnership File	
				Foreign Corp. File	
			✓	L.C. File	
			i —	Fictitious Name File	
				Trade/Service Mark	
				Merger File	
			✓_	Art. of Amend. File	
				RA Resignation	
			<del></del>	Dissolution / Withdrawal	
				Annual Report / Reinstatement	<del></del>
				Cert. Copy	
			<u> </u>	Photo Copy	
				Certificate of Good Standing	<del></del>
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				Corp Record Search	
				Officer Search	
·				Fictitious Search	
Signature	<del></del>			Fictitious Owner Search	
				Vehicle Search	
				Driving Record	
Requested by: S.N.	12/27/10	0.77		UCC 1 or 3 File	
	$\frac{12/27/10}{2000}$	a.m.		UCC 11 Search	
Name	Date	Time		UCC 11 Retrieval	
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## Dixie Parkway Associates, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liab Florida document numberL100000002		01/04/2010	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability company he	<u>re</u> :	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Comp	any," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applical	ble:	·	
(Principal office address MUST BE A STREET	(ADDDECC)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE Be	(AV)		
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			
New Registered Office Address:	Er	nter Florida street add	ress
		, 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 Changing Registered Agent, Signature of New Registered Agent



If a finding 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				
MGR	Charles Springer, MD	2250 First Street Fort Myers, Florida 33901	Add ☑ Remove				
MGR	Patrick Leach, MD	2250 First Street Fort Myers, Florida 33901	Add ✓ Remove				
MGR	Allen Tafel, MD	2250 First Street Fort Myers, Florida 33901	Add Remove				
MGR	Paul Fuchs, MD	2250 First Street Fort Myers, Florida 33901	Add Remove				
MGR_	Jeff Richards, MD	2250 First Street Fort Myers, Florida 33901	Add ∕Remove				
MGR	Fletcher Reynolds, MD	2250 First Street Fort Myers, Florida 33901	Add ∕Remove				
D. If an	MGR Jeremy Schwartz, MD (to be members of Dixie Parkway Associa		<del></del>				
		First Street, Fort Myers, Florida 33901	_				
Dated _	(shall remain the only Managing Me	2010 .	<del>-</del>				
Signature of a member of authorized representative of a member  Antonio J Flores aka Anthony Flores, MD  Typed or printed name of signee							

Page 2 of 2

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