## L10000020316

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SECRETARY OF STATE DIVISION OF CORPORATIONS

## **COVER LETTER**

Division of	Corporations	•	,		
SUBJECT:	Florida Re	gional Center, LLC			
	<del></del>				
The enclosed Article	s of Amendment and fee(s) are su	ubmitted for filing.			
Please return all corr	espondence concerning this matte	er to the following:			
	Sandy Albanese				
		Name of Person			
Florida Regional Center, LLC					
Firm/Company					
	11770 US Highway One, Suite 301				
		Address			
	Palm Beach Gardens, FL 33408				
	Sano	City/State and Zip Code			
	E-mail address:	dy@acdofsouthflorida.com (to be used for future annual report notification)	<del></del>		
For further informati	on concerning this matter, please	call:			
	Sandy Albanese	at ( 561 ) 799-0	0050		
Na	me of Person	Area Code & Daytime Telep	hone Number		
Enclosed is a check t	for the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee &  Certified Copy  (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Re Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 llahassee, FL 32314	STREET/COURIER AI Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301			

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF



Florida Regional Center, LLC /					
( <u>Name of the Limited</u> (A	Liability Company as it now apper Florida Limited Liability Company)	rs on our records.)	•		
The Articles of Organization for this Limited Li Florida document numberL10000020	ability Company were filed on		0 and assigned		
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name of	the limited liability company he	<u>re</u> :			
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liability Comp	any," the designation "	LLC" or the abbreviation		
Enter new principal offices address, if applications	able:				
(Principal office address MUST BE A STREE	<del></del>				
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·	<del></del>	· · · · · · · · · · · · · · · · · · ·		
(Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>	· · · · · · · · · · · · · · · · · · ·			
		<u> </u>			
B. If amending the registered agent and/or the new registered of		our records, enter	the name of the new		
Name of New Registered Agent:	R. Bowen Gillespie, Esq.				
New Registered Office Address: 7601A North Federal Highway, Suite 165					
	Enter Florida street address				
	Boca Raton	, Florida	33487-1683		
	City		Zip Code		
New Registered Agent's Signature, if changing F	legistered 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 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** <u>Address</u> <u>Name</u> **Title** ☐ Add Remove Remove \_ Add Remove ∏Add Remove ∏Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) February 23 2011 Dated\_

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Filing Fee: \$25.00

Nicholas A. Mastroianni, II

Typed or printed name of signee

authorized representative of a member