

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : MONAHAN MIJARES CPA PA
Account Number : I20050000157
Phone : (305) 407-1438
Fax Number : (305) 397-1003

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
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TO:	Florida Department of State	From:	Donna Ciancutti
Fax:	850-617-6383	Pages:	5
Phone:		Date:	August 21, 2012
Re:	North Florida Reproductive Medicine, LLC	CC:	

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SANTIS INVESTMENTS 0909, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RONALD MONAHAN

Name of Person

MONAHAN MIJARES CPA, PA

Firm/Company

2519 Galiano Street Ste 703

Address

Coral Gables, FL

City/State and Zip Code

patricia.ramos@mma.com.ve

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RONALD MONAHAN

Name of Person

at (305)

4071440

Area Code & Daytime Telephone Number

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 enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(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**

FILED
12 AUG 21 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SANTIS INVESTMENTS 0909, 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 Liability Company were filed on 06/21/2011 and assigned
Florida document number L11000072229.

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 end with 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)

244 BISCAYNE BLVD UNIT 341
MIAMI, FL 33132

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

C/O MONAHAN 2519 GALIANO ST. STE 703
CORAL GABLES, FL 33134

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

ROAF K R. MONAHAN

New Registered Office Address:

2519 GALIANO ST. STE 703

Enter Florida street address

CORAL GABLES

Florida

33134

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 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>	<u>Type of Action</u>
MGRM	CLAUDIA LOPEZ NADORE	55 SE 6 STREET SUITE 206 MIAMI FL 33131	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	CLAUDIA LOPEZ NADOR	244 BISCAYNE BLVD UNIT 341 MIAMI FL 33132	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	EVA NADORFY DE LOPEZ	244 BISCAYNE BLVD UNIT 341 MIAMI FL 33132	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	RODOLFO LOPEZ	244 BISCAYNE BLVD UNIT 341 MIAMI FL 33132	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

ART. VII MANAGER(s) MANAGING MEMBER(s) - The name of the Managers:

Claudia Lopez Nadorfy-Manager-244 BISCAYNE BLVD UNIT 341, MIAMI FL 33132

Eva Nadorfy de Lopez-Manager-244 BISCAYNE BLVD UNIT 341, MIAMI FL 33132

Rodolfo Lopez-Manager-244 BISCAYNE BLVD UNIT 341, MIAMI FL 33132

Dated August 3, 2012

Signature of a member or authorized representative of a member

CLAUDIA LOPEZ NADORFY

Typed or printed name of signer