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# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**FLAGLER INVESTMENT PROPERTY MANAGEMENT LLC**

**SUBJECT:** \_\_\_\_\_  
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:

**ESTHER EGOZI CHOUKROUN**

\_\_\_\_\_  
Name of Person

**FLAGLER INVESTMENT PROPERTY GROUP**

\_\_\_\_\_  
Firm/Company

**TWO SOUTH BISCAYNE BOULEVARD, SUITE 2000**

\_\_\_\_\_  
Address

**MIAMI, FLORIDA 33131**

\_\_\_\_\_  
City/State and Zip Code

**EEOZI@FLAGLERINVESTMENT.COM**

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

For further information concerning this matter, please call:

**ESTHER EGOZI CHOUKROUN**

**305 903-6621**

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

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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**

**FLAGLER INVESTMENT PROPERTY MANAGEMENT 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 SEPT 28, 2011 and assigned  
Florida document number L11000110822.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

**FLAGLER INVESTMENT HEALTHCARE LLC**

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:

SAME -

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

SAME -

(Mailing address MAY BE A POST OFFICE BOX)

**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:

SAME -

New Registered Office Address:

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

SAME -

*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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	DIDIER CHOUKROUN	21 LA GORCE CIRCLE, MIAMI BEACH, FL 33141	<input checked="" type="checkbox"/> Add

\_\_\_\_\_  Remove

MGR	CHRIS COOTS	5225 FAIRCHILD WAY, MIAMI, FL 33156	<input checked="" type="checkbox"/> Add
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\_\_\_\_\_  Remove

MGR	HERVE PUYPLAT	15 HUDSON AVENUE, OCEAN RIDGE, FL 33435	<input checked="" type="checkbox"/> Add
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\_\_\_\_\_  Remove

MGR	FLAGLER INVESTMENT <i>WC</i>	2 SOUTH BISCAYNE BLVD, SUITE 2000 MIAMI, FL 33131	<input checked="" type="checkbox"/> Add
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\_\_\_\_\_  Remove

\_\_\_\_\_  Remove

\_\_\_\_\_  Add

\_\_\_\_\_  Remove

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 PALM BEACH COUNTY  
 FLORIDA

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

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated JANUARY 1, 2014



Signature of a member or authorized representative of a member

**DIDIER CHOUKROUN, MANAGING MEMBER**

Typed or printed name of signee

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Filing Fee: \$25.00

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