## L11000 127707

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	<del>:</del> #)
PICK-UP	WAIT	MAIL
(Bu	ısiness Entity Nam	ne)
(Do	ocument Number)	
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05/22/15--01031--007 \*\*25.00

## **COVER LETTER**

TO: Registration So Division of Con		. •	
arin ina	MORALES, ESSERMA	N & GAITAN, MDS, LLC	
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	KYLIE WAGENET		
		Name of Person	
	3225 AVIATION AVENU	E	
		Firm/Company	
	SUITE 700		
		Address	<del></del>
	MIAMI, FL. 33133		
	KWAGENET@FEMWELL	City/State and Zip Code	
		o be used for future annual report no	otification)
For further information of	concerning this matter, please ca	ıll:	
KYLIE WAGENET		at ()	3-4641 EXT. 9-114
Name	of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for t	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

Tallahassee, FL 32314

P.O. Box 6327

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

MORALES, ESSERMAN &			
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appea	rs on our records.)	
(A Horida Emarca E	maoning company)	•	
The Articles of Organization for this Limited Liability Company	were filed on _	NOVEMBER 09, 2011	_ and assigned
Florida document numberL11000127707			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company h	ere:	
The new name must be distinguishable and contain the words "Limited Liability	ity Company," the	designation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	8950 SW 74 C	T, SUITE 2001	
Trincipal Office duaress Prost BE A STAGET ADDICESS	MIAMI, FL., 3	33156	
Enter new mailing address, if applicable:			
,			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of	fice address o	n our records enter th	e name of the new
registered agent and/or the new registered office address here		i our records, enter th	ic name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Fle	orida street address	
<del></del>	City	, Florida	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 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 = M $AMBR = A$	lanager ' uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<del></del>			
			□ Remove
			Change
			Add
			Remove
			□ Change
			Add
		<del></del>	□ Remove
			Change
			Add
			Remove
			Change
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			□ Remove
			Change
			Add
			Remove
			□ Change

Effective date, if other than the date of filing: MAY, 1, 2015  If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.  The poth day after the record is filed.  Dated May		
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The 90th day after the record is filed.  Dated May 1, 2015.		
Dated May 1, 2015.		
The Notat		
The Notat	Dated _	May 1, 2015.
- /m Contraction		$\mathcal{O}_{\mathcal{I}}$
		Signature of a member or authorized representative of a member
		KYLIE WAGENET V.P., CORPORATE LEGAL COUNSEL

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00