

L12000138294

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H14000010767 3)))



H140000107673ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL, INC
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BANYAN MEDICAL, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED

14 JAN 14 PM 4:58

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

JAN 15 2014

11:11:11

H14000010767

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

BANYAN MEDICAL, 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 10/25/2012 and assigned
Florida document number L12000138294

This amendment is submitted to amend the following:

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

RED FERN, 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:

951 YAMATO ROAD

(Principal office address **MUST BE A STREET ADDRESS**)

SUITE 160

BOCA RATON, FLORIDA 33431

Enter new mailing address, if applicable:

951 YAMATO ROAD

(Mailing address **MAY BE A POST OFFICE BOX**)

SUITE 160

BOCA RATON, FLORIDA 33431

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:

ROSS E. ELGART

New Registered Office Address:

951 YAMATO ROAD, SUITE 160

Enter Florida street address

BOCA RATON

City

Florida 33431

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.

[Signature]
If Changing Registered Agent/ Signature of New Registered Agent

FILED
2014 JAN 14 AM 8:26
CLERK OF STATE
TALLAHASSEE, FLORIDA

H14000010767

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

SECRETARY OF STATE
TALLAHASSEE FLORIDA

2014 JAN 14 AM 8:26

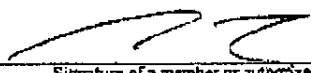
FILED

H14000010767

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

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 14, 2014.



Signature of a member or authorized representative of a member

ANDREW D. LEVY, ESQ.

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

FILED
2014 JAN 14 AM 8:26
CLERK OF STATE
TALLAHASSEE FLORIDA