

L13000001453

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.

((H15000178863 3)))



H15000178863 3

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 : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.
Account Number : 076077001702
Phone : (407) 841-1200
Fax Number : (407) 423-1831

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.
Email Address: jlf21959@aol.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
RED TOP BUILDING, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

FILED
15 JUL 23 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

15 JUL 23 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

JUL 24 2015
J. HARRIS

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

(((H15000178863 3)))

RED TOP BUILDING, 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 01/03/2013 and assigned Florida document number L13000001453.

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 contain 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)

10000 WEST COLONIAL DRIVE

SUITE 288

OCOE, FL 34761

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10000 WEST COLONIAL DRIVE

SUITE 288

OCOE, FL 34761

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: JORGE L. FLORIN

New Registered Office Address: 10000 WEST COLONIAL DRIVE, SUITE 288

Enter Florida street address

OCOE

Florida 34761

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 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.

Jorge L. Florin M.D.
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:

((H15000178863 3)))

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	SHYAM B. PARYANI	3599 UNIVERSITY BLVD SO	<input type="checkbox"/> Add
		SUITE 907	<input checked="" type="checkbox"/> Remove
		JACKSONVILLE, FL 32216	<input type="checkbox"/> Change
MGR	SHYAM B. PARYANI	3599 UNIVERSITY BLVD SO	<input type="checkbox"/> Add
		SUITE 907	<input checked="" type="checkbox"/> Remove
		JACKSONVILLE, FL 32216	<input type="checkbox"/> Change
MGR	JORGE L. FLORIN	10000 WEST COLONIAL DRIVE	<input checked="" type="checkbox"/> Add
		SUITE 288	<input type="checkbox"/> Remove
		OCOE, FL 34761	<input type="checkbox"/> Change
MGR	CAROL PAWLEY	1735 TIGERTAIL AVENUE	<input checked="" type="checkbox"/> Add
		COCONUT GROVE, FL 33133	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
15 JUL 23 PM 8:20
CLERK OF STATE
TALLAHASSEE, FLORIDA

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

((H15000178863 3)))

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

(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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated July 22, 2015.

Signature of a member or authorized representative of a member

JORGE L. FLORIN

Typed or printed name of signer

((H15000178863 3)))

FILED
15 JUL 23 AM 8:20
DEPARTMENT OF STATE
ALBUQUERQUE, NEW MEXICO