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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

Division of Co	rporations		
SUBJECT:	1871 LPGA BOULEVARD,	LLC	
30bJEC1		nited Liability Company	·
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
-			
	Penny K. Eve		
•		Name of Person	<u> </u>
	Jeffrey C. Sw	eet Feauire	
		Firm/Company	
	505 11 0 1	ntat outpart	
	595 W. Granad	a Blvd., Suite A Address	
	Ormond Beach,	FL 32174 City/State and Zip Code	
	Penny.every@j	sweetlaw.com to be used for future annual report notif	
	E-mail address: (to be used for future annual report notif	fication)
For further information of	concerning this matter, please c	all:	
Penn	y K. Every	at (386) 677-3431	
	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for t	he 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:

TO:

Registration Section

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

1871 LPGA BOULEVARD, LLC (Name of the Limited Liability Compan- (A Florida Limited Lia	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company w		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbrev	riation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		OIV SECRET
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		FILEL ARY OF SEPON
The state of the s		
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:		name of the n
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	. <u>.</u>	
	Enter Florida street address	Z MOF
	, Florida	Zip Code 3
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a	erformance of my duties, and I am fam ovided for in Chapter 605, F.S. Or. if t	ilia ? with ₹and his document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Richard K. Gaines, M.D.	1075 Mason Avenue	Add
		Daytona Beach, FL 32117	⊠ Remove
-			☐ Change
			□ Add
			□ Remove
			☐ Change
			Remove
			Change
			D Add
			□ Remove
			☐ Change
		□ Add	
		☐ Remove	
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			O Add
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			□ Change

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If an effective date Note: If the dat	if other than the date of filing: is listed, the date must be specific and cannot be prior to desinserted in this block does not meet the applicable trive date on the Department of State's records.	(optional ate of filing or more than 90 days after filing statutory filing requirements, this date	g.) Pursuant to 605.0207
	cifies a delayed effective date, but not ar y after the record is filed.	n effective time, at 12:01 a.m.	on the earlier of:
			81 18
Dated	6/20/2018 ,		SLEEF PART 18 JUN 22
_			22 22
	Signature of a member or authorize	d representative of a member	
			ا درند.
	Mark C. Gillespy, M.D., Manager Typed or printed na		

Page 3 of 3

Filing Fee: \$25.00