13000064137

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J. SAULSBERRY EXAMINER MAY 23 2013

COVER LETTER

TO:

Registration Section
Division of Corporations

PLANTATION MEDICAL PLAZA II, LLC

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:

Marius Ged
Name of Person

Ellis, Ged & Bodden, P.A

Firm/Company

7171 North Federal Highway

Address

Boca Raton, FL

City/State and Zip Code

mged@ellisandged.com

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

For further information concerning this matter, please call:

Kimone Hall, ACP

, 561, 910-8245

Name of Person

Area Code & Daytime Telephone Number

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

PLANTATION MEDICAL PLAZA II, 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 5/01/2013 ___ and assigned Florida document number L13000064137 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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: New Registered Office Address: Enter Florida street address City

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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager of Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

Title .	Name	Address	Type of Action
MGR	Charles G. Ged	7171 North Federal Hwy	/ Add
		Boca Raton, FL. 33487	_ Remove
MGR ·	Ronda Ellis	7171 North Federal Hwy	_ ∕
		Boca Raton, FL. 33487	Remove
			_ Add
			Remove
			Add
		34	Kelliove
			Add Remove
			. Add
			Remove

	r information, enter change(s) here: (Attach additional sheets, if necessary.)
n/a	
	
	Λ
Dated May 16	2018
Dated	
	Signature of a member parauthorized representative of a member
	Charles G. Ged
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00