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.

(((H19000261189 3)))



H190002611893ABC4

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 : MCLIN & BURNSED P.A.

Account Number: 104657003604 Phone : (352)753-4690

Fax Number : (352)751-4993

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

adie 5@ molinburnsed.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MVMF PROPERTIES OF TAVARES, LLC

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

-- AUG 3 0 2019

M. SOLOMON

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liab (A Flor	ility Company as it now appears on a de Limited Liability Company)	our records.)		
The Articles of Organization for this Limited Liability Florida document number L13000102774	Company were filed on July 19.	2013 and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li	mited liability company bere:			
N/A				
The new name must be distinguishable and contain the words "L	imited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C.		
Enter new principal offices address, if applicable:	N/A			
(Principal office address MUST BE A STREET AD	DRESSI			
Enter new mailing address, if applicable:	N/A	93:		
(Mailing address MAY BE A POST OFFICE BOX)		45° C		
B. If amending the registered agent and/or re registered agent and/or the new registered office a Name of New Registered Agent:	<u>ddress here</u> :	r records, enter the name of the no		
New Registered Office Address:	Enter Florida s	treat address		
_	City	, Florida		
New Registered Agent's Signature, if changing Regist	-	·		
		- in I findle amount appeals with the		
I hereby accept the appointment as registered age provisions of all statutes relative to the proper an accept the obligations of my position as registered	d complete performance of my	duties, and I am familiar with and		

If Changing Registered Agent, Signature of New Registered Agent

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 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

Title	Name	Address	Type of Action
MGR	Michael A. Freedman, D.O.	601 E Dixie Avenue, Plaza 901 Leesburg, FL 34748	□ Abd
			■ Remove
			Change
MGR	S. Dwight Vaught, M.D.	601 E Dixie Avenue, Plaza 901 Leesburg, FL 34748	Add
			□ Remove
			☐ Change
			Change
			——□ Add 23
			□ Remove
			Change
			Remove
			□ Change
			□ Remove
			Change

	The state of the s
	
	#1 - 3 - 3
	W ps
	40.
 ::	
fective date, if other than the date of filing: In effective date is listed, the date must be specific and cumot be prior to date to the date in this block does not ment the applicable.	(optional)
n effective date is listed, the date most be specific and comnot be prior to da te: If the date inserted in this block does not meet the applicable	ac of filing or more than 90 days after time.) Pursuant to 605, statutory filing requirements, this date will not be liste
cument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not ar The 90th day after the record is filed.	n enective time, at 12.01 billi on the carre
The soll boy one. The second	
ated May 23 . 2019	
	2.8.42
Signature of a member or authorize	WARD
Signature of a memory of audionics	

Page 3 of 3

Filing Fee: \$25.00