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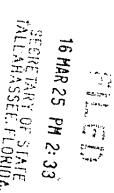
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:				
cup u	Sou	th Bay Medical, LLC		
SUBJ	EC1:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
South Bay Medical, LLC Subject				
			Name of Person	
		Realtec Realty, Inc	c.	
		-	Firm/Company	
		1647 Sun City Ctr	Plz, Ste 204E	
			Address	
		Sun City Center,	FL 33572	
			•	****
			Medical, LLC Name of Limited Liability Company ment and fec(s) are submitted for filing. concerning this matter to the following: Stanley P. Whitcomb, Jr. Name of Person Realtee Realty, Inc. Firm/Company 1647 Sun City Ctr Plz, Ste 204E Address Sun City Center, FL 33572 City/State and Zip Code stanw@whitgroup.net E-mail address: (to be used for future annual report notification) ng this matter, please call: at (
For fur	ther information co		•	cation)
Stanle	y P. Whitcomb, Jr.		at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	e following amount:		
■ \$2:	5.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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

South Bay Medical, LLC		
(<u>Name of the Limited Liah</u> (A Flor	oility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on July 29, 2013	and assigned
Florida document number L13000106733	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited 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 AD)	ORESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		20
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		nter the name of the n
The second and the second control and second control and	naress here.	IAS
Name of New Registered Agent:		SEE F
New Registered Office Address:		20 N PT
	Enter Florida street address	33 ATE RID,
	, Florid	
	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.

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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Realtec Realty, Inc.	1647 Sun City Ctr Plz, Ste 204E	
		Sun City Center, FL 33573	□ Remove
			☐ Change
MGRM	Stanley P. Whitcomb, Jr., Rev. True	1647 Sun City Ctr Plz, Ste 204E	Add
	de 1 9 2005	Sun City Center, FL 33573	□ Remove
			☐ Change
MGRM	ChesterMed, LLC	115 SE 4th Avenue, Ste D-373	🖂 Add
		DelRay Beach, FL 33483	□ Remove
			□ Change
MGRM	McKay Holdings, LLC	1647 Sun City Ctr Plz, Ste 204E	₩ Add
		Sun City Center, FL 33573	□ Remove
			Change
			Add
			□ Remove
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	A Total	
Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date Note: If the date inserted in this block does not meet the applicable s' document's effective date on the Department of State's records.	of filing or more than 90 days after filing.) Pursuant to atutory filing requirements, this date will not be	605.0207 (listed as t
ne record specifies a delayed effective date, but not an The 90th day after the record is filed.	effective time, at 12:01 a.m. on the ea	arlier of:
Dated		
(MAAA	U	
Signature of a member or authorized		_

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00