L13000136266

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((City/State/Zip/Phone #	*)
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(0	Document Number)	
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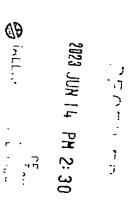
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A. RAMSEY
JUN 1 5 2023



CORPORATE When you need ACCESS to the world

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INC.

236 East 6th Avenue. Tallahassee Florida 32303

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WALK IN

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	РНОТОСОРУ	
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	FILING	LLC AMEND
		REALESTATE LLC
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	egistration Sec ivision of Corp				
eup irzer		RIDA REALESTATE LLC			
SUBJECT	:	Name of Lin	nited Liability Company	<u>.</u>	
The enclos	ed Articles of a	Amendment and fee(s) are sub	omitted for filing,		
Please retu	m all correspo	ndence concerning this matter	to the following:		
		NEEL AMIN			
			Name of Person	· · · · · · · · · · · · · · · · · · ·	
			Firm/Company		
		1164 E OAKLAND PARI	K BLVD., SUITE 201		
			Address		
		FORT LAUDERDALE, F	TL 33334		
			City/State and Zip Code	<u> </u>	
		_dramin@advancedr			
		E-mail address: (to be used for future annual i	report notification)	
For further	information co	ncerning this matter, please c	atl:		
NEEL AM	IN		706 95	14600	
	Name of	Person	Area Code	Daytime Telepho	one Number
Enclosed is	a check for the	e following amount:			
■ \$25.00	Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is encl		\$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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

FILED

2023 JUN 14 AM 9: 29

APEX F	LORIDA	REALES	TATELLC	

(Name of the Limited Liability Company as it now appears on our records) (N. 1467 OF STATE (A Florida Limited Liability Company)

The Articles of Organization for this Limited Li Florida document number L13000136266		2013 and assigned
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE I	<u></u>	
B. If amending the registered agent and/or reagent and/or the new registered office addres	egistered office address on our recor <u>s here</u> :	ds, enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida si	reet address
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing R	egistered 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.

DocuSign Envelope ID: 7AC231D2-0CC2-4BA4-A43F-B5155BD79227 in amending Authorized rerson(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>	Name	Address	Type of Action
AMBR	MACEK ANESTHESIA CORPORATION	1164 E OAKLAND PARK BLVD., SUITE 201	🗆 Add
		FORT LAUDERDALE, FL 33334	□Remove
			XlChange
AMBR	AMIN PAIN RELIEF INC.	1164 E OAKLAND PARK BLVD., SUITE 201	🗆 Add
		FORT LAUDERDALE, FL 33334	□Remove
			XIChange
			□Add
			©Remove
			□Change
			🗆 Add
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E ffoo	tive date, if other than the date of filing: (optional)
(II) an et <u>Note:</u>	(optional) Tective date, if other than the date of filing:
ne reco ord is t	rd 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 ided.
Dated	
	DocuSigned by:
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	descend ordered and a summer of representative of a member
	NEEL AMIN

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