

44000063832

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

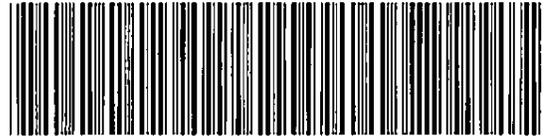
(Business Entity Name)

(Document Number)

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

LEEWARD MEDICAL, 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 APRIL 18, 2014 and assigned Florida document number L14000063832.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1390 SUNSET BEACH DR.

(Principal office address MUST BE A STREET ADDRESS)

NICEVILLE, FLORIDA 32578

Enter new mailing address, if applicable:

1390 SUNSET BEACH DR.

(Mailing address MAY BE A POST OFFICE BOX)

NICEVILLE, FLORIDA 32578

**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:

MARCUS A. HUFF, ESQ.

New Registered Office Address:

500 GRAND BOULEVARD, SUITE 270

*Enter Florida street address*

MIRAMAR BEACH

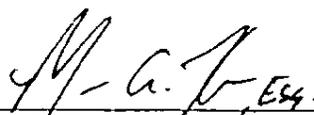
*City*

Florida 32550

*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>	<u>Address</u>	<u>Type of Action</u>
MGR	KASEYNICOLE HANDWERKER	105 BLUE GULF DRIVE	<input type="checkbox"/> Add
		SANTA ROSA BEACH, FLORIDA 32459	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	HIEN DAO	1390 SUNSET BEACH DRIVE	<input checked="" type="checkbox"/> Add
		NICEVILLE, FLORIDA 32578	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 STATE OF FLORIDA  
 DEPARTMENT OF REVENUE

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

*(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)*

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

2023 NOV 27 4 AM EST  
STATE OF FLORIDA  
DATE

Dated NOVEMBER 27, 2023

*Hien Dao*

Signature of a member or authorized representative of a member

HIEN DAO, MEMBER

Typed or printed name of signer

Filing Fee: \$25.00