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(Re	equestor's Name)	<u></u>
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> SECRETARY OF STATE ALLAHASSEE, FLORIDA

N. BRUCE MAR 01 2017

## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT: MCC	lains MERGER Name of Limi	25 & ACOVISI T1  Ited Liability Company	ONS, LLC
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Dwayne M	CCLA ( N Name of Person	
	MCCLAIN'S	MERGERS & ACOU	lisitions, LLC
	3608 FAIR	MAY DRIVE NORT	++
	JUPITER,	FL. 33477 City/State and Zip Code	2017 FE
	E-mail address: (1	to be used for future annual report notific	EEB 28 P
For further information co	oncerning this matter, please ca		5847 ESS 2
Duayne Name of	Mc Clain Person	at (407) 7/5 - 1	Felephone Number 2 2
Enclosed is a check for th	e 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**

(A rionda Limited i	Diability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L1400069905</u> .	were filed on 04	30/2014	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designar	tion "LLC" or the ab	breviation "L.L.C."
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 or registered agent and/or the new registered office address her		ALLAHASSEE, FLORER PROPERTY OF CORRECT PROPERT	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida str	reet address	
	2,110, 110, 110, 110		
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	J		
	_	of a T. Constant	40
hereby accept the appointment as registered agent and agr	ree to act in this capac	cuy. 1 jurther agi	ree 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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Kirsty MCCLAIN	3608 Fairnay Drive N.	🗆 Add
	•	3608 Fairnay Drive N. Jupiter, FL. 33477	Remove
			☐ Change
	PARTY AND		
		<del></del>	☐ Remove
			Change
			Add
			□ Remove
		TALLAH.	Change
		ASSEE,	
		TALLAHASSEE, FLORIDA	Refine No.
			Change
			□ Add
			Remove
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Note: If	e date, if other that tive date is listed, the d the date inserted in it's effective date on	this block doe	s not meet	the applicat	7/ <b>201</b> date of filing of the statutory f	more than 90 filing requirer	<b>(option</b> ) days after finents, this o	n <b>al)</b> iling.) F date w	Pursuant ill not b	to 605.0207 ne listed as
	rd specifies a de			, but not	an effectiv	e time, at	12:01 a.	m. oı	n the e	earlier o
	Oth day after th									
) The 9	01/07/20	17/	, <u>'</u>	2:01 AM	· ·					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00