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

Div	ision of Corp	orations	•	
SUBJECT:		Medical Plaza LLC		
Nobjec 1.		Name of Limi	ted Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return	all correspor	idence concerning this matter t	o the following:	
		Syllette N King		
			Name of Person	
		Chickasaw Medical Plaza L		me Telephone Number S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
			Firm/Company	
		506 S Chickasaw Trl 100		
			Address	
		Orlando, Fl. 32825		
		syllette@skingmd.com	City/State and Zip Code	
		E-mail address: (6	o be used for future annual report noti	fication)
For further in	nformation co	ncerning this matter, please ca	11:	
Syllette King	g		407 282-8775	
	Name of	Person		e Telephone Number
Enclosed is a	a check for the	e following amount:		
\$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy

MAILING ADDRESS:

TO: Registration Section

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

FILED

Chickasaw Medical Plaza LLC

2018 NOV -2 PM 4: 42

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

TALLAHASSEE, FL

The Articles of Organization for this Limited Liabil	-	014 and assigned
Florida document number L14000083158	·	
This amendment is submitted to amend the following	uā:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	DDRESS)	
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO.		
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our	r records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida s	treet address
_		, Florida
	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
	Syllette N King	506 S. Chickasaw Trl Ste:100	
MGR		ORLANDO, FL 32825	■ Add
			☐ Remove
			🗆 Change
			_ □ Add
			☐ Remove
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	10/31/2018		-
Effective date, if other than the offective date is listed, the date must Note: If the date inserted in this blo document's effective date on the Department.	date of filing: be specific and cannot be prior to date ck does not meet the applicable s	(optional) se of filing or more than 90 days after filing.) Pursuant to 60statutory filing requirements, this date will not be list	5.0207 (3 sed as th
ne record specifies a delayed The 90th day after the reco		effective time, at 12:01 a.m. on the earli	er of:
October 31 Dated	2018		
Andle	tte N King		
	Signature of a member or authorized	representative of a member	
Syllette N King			
	Typed or printed nan	ne of signee	

Page 3 of 3

Filing Fee: \$25.00