

L15000059794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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**2015 OCT -5 P 4:03**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

OCT 06 2015

S MASON

TO: Registration Section  
Division of Corporations,

SDL Partners, LLC

SUBJECT: \_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAVID A. DIAMOND, MD

\_\_\_\_\_  
Name of Person

SDL Partners, LLC

\_\_\_\_\_  
Firm/Company

1603 LOOKOUT LANDING CIRCLE

\_\_\_\_\_  
Address

WINTER PARK, FL 32789

\_\_\_\_\_  
City/State and Zip Code

dagdmail@yahoo.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDREW J. LAFAVE

407 595-7653

at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 ORGANIZATION  
OF**

SDL Partners, 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 03/17/2015 and assigned  
Florida document number L15000059794.

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: \_\_\_\_\_

(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 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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida street 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 \_\_\_\_\_ Registered Agent

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**TALLAHASSEE, FLORIDA**

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MICHAEL D. SOMBECK	1603 Lookout Landing Circle	<input type="checkbox"/> Add
		Winter Park, FL 32789	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DAVID A. DIAMOND, MD	1603 Lookout Landing Circle	<input type="checkbox"/> Add
		Winter Park, FL 32789	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	KELLY E. LAFAVE, MD	3900 Lake Sarah Drive	<input checked="" type="checkbox"/> Add
		Orlando, FL 32804	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JEFFREY G. BRABHAM, MD	3432 Ashton Oaks Cove	<input checked="" type="checkbox"/> Add
		Longwood, FL 32779	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Alvaro Alvarez-Farinetti, MD	71 Hammock Beach Circle N.	<input checked="" type="checkbox"/> Add
		Palm Coast, FL 32137	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2006 OCT - 5 P 4 03  
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TALLAHASSEE, FLORIDA

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☐ Remove  
☐ Change

Lined area for text entry.

**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.

Dated September 30, 2015



Signature of a member or authorized representative of a member

David A. Diamond, MD

Typed or printed name of signee

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TALLAHASSEE, FLORIDA