

L15000109830

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K SALY
AUG 10 2017

JONESFOSTER

JOHNSTON & STUBBS, P.A.

Cynthia "Cindy" F. Skwierc, FRP
Paralegal
(561) 650-8241
Fax: (561) 650-5300
cskwierc@jonesfooster.com

August 4, 2017

Via FedEx

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: AW SFMOB II Holding Company, LLC (Doc No. L15000109830)

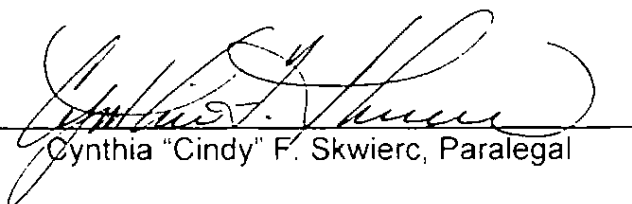
Dear Registration Section:

Enclosed please find Articles of Amendment changing the name of the above-referenced entity to AW Florida MOB III Holding Company, LLC, together with this firm's check in the amount of \$60.00 in payment of the filing fee, a Certificate of Status and a certified copy. A duplicate copy of the Articles of Amendment are enclosed for certification. Kindly return the requested documentation to me in the enclosed Fedex envelope.

Should you have any questions regarding the enclosed, please don't hesitate to contact me.

Sincerely,

JONES, FOSTER, JOHNSTON & STUBBS, P.A.

By 
Cynthia "Cindy" F. Skwierc, Paralegal

Enclosures

p:\docs\22606\00187\ltr\1sv1070.docx

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AW SFMOB II HOLDING COMPANY, LLC
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:

SCOTT L. MCMULLEN, ESQUIRE

Name of Person

JONES, FOSTER, JOHNSTON & STUBBS, P.A.

Firm/Company

4741 MILITARY TRAIL, SUITE 200

Address

JUPITER, FL 33458

City/State and Zip Code

bwaxman@awproperty.com

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

For further information concerning this matter, please call:

Cynthia F. Skwierc 561 650-8241
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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**

AW SFMOB II HOLDING COMPANY, LLC

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

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 06/24/2015 and assigned
Florida document number L15000109830.

This amendment is submitted to amend the following:

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

AW FLORIDA MOB III HOLDING COMPANY, LLC

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 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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

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TALLAHASSEE, FLORIDA

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 July 31, 2017



Signature of a member or authorized representative of a member

Brian K. Waxman

Typed or printed name of signer