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SECRETARY OF STATE
TALL MIASSEE FLORIDA

**S. WARREN** FEB 0 6 2018

## **COVER LETTER**

	gistration Sectivision of Corpo		ř	
4		njamin MD LLC		
SUBJECT:		Name of Limit	ted Liability Company	
The enclosed	d Articles of Ar	mendment and fee(s) are subn	nitted for filing.	
Please return	n all correspond	lence concerning this matter t	o the following:	
		Lynda L Benjamin		
			Name of Person	
		Michael J Benjamin MD LI	.c	
			Firm/Company	
		7777 N University Dr Ste 1	02	
			Address	
		Tamarac, Fl 33321		
			City/State and Zip Code	
		lyndabenjamin@gmail.com		
		E-mail address: (t	o be used for future annual repo	rt notification)
For further i	information con	cerning this matter, please ca	11:	
Lynda L Be	enjamin		954 647-69 at ()	
	Name of F	Person	Area Code D	Paytime 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 AMENDMENT TO ARTICLES OF ORGANIZATION OF

Michael J Benjamin MD LLC		
(Name of the Limited Liabil (A Florid	ity Company as it now appears on or a Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability (Florida document number L15000129988	Company were filed on July 29, 2	2015 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designate	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	_ <del></del>	
B. If amending the registered agent and/or registered agent and/or the new registered office adented the Name of New Registered Agent:		records, enter the name of the nev
New Registered Office Address:		
	Enter Florida str	ect address
		, Florida Zip Code
n n i n i n i n i n i n i n i n i n i n	City	Zip Code
New Registered Agent's Signature, if changing Register		o to the contract of the contract of
I hereby accept the appointment as registered agen- provisions of all statutes relative to the proper and accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change	complete performance of my d agent as provided for in Chapt red office address, I hereby co	uties, and I am familiar with and er 605, F.S. Qr, if this document is
	If Changing Registered Agent, S	ignature of New Registered Awant

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
AMBR	Michael J Benjamin	7777 N University Dr Ste 102 Tam:	Add
			Remove
			Change
AMBR	Lynda L Benjamin	7777 N University Dr Ste 102 Tam:	<b>=</b> Add
			Remove
			Change
ADMI	Eileen Diamond	7777 N University Dr Ste 102 Tam:	
			■ Remove
			Change
MGR	Robin Hathaway	7777 N University Dr Ste 102 Tam:	
			■ Remove
			Change
			Remove
			Change Change
			FLOR A
			Remove

•	n, enter change(s) here: (Attach additional sheets, i	
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fective date, if other than the d	ate of filing:	(optional)
in effective date is listed, the date must b	e specific and cannot be prior to date of filing or more than 90 day	ys after filing.) Pursuant to 605.02
ote: If the date inserted in this bloc cument's effective date on the Dep	k does not meet the applicable statutory filing requirement artment of State's records.	ts, this date will not be listed a
record specifies a delayed a	effective date, but not an effective time, at 12	:01 a.m. on the earlier
The 90th day after the recor	d is filed.	
February 1	2018	
1		<b>7</b> 8 <b>≓</b>
Lunda L.	Demanin_	
Si	gnature of a thember or authorized representative of a member	B -n
		SKE J E
Lynda I Raniamin		m≥ <u> </u>
Lynda L Benjamin	Typed or printed name of signer	<del>- 3 0</del>
Lynda L Benjamin	Typed or printed name of signee	FLO =

Page 3 of 3

Filing Fee: \$25.00