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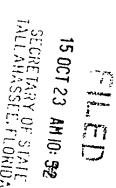
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COVER LETTER

	ration Sect on of Corpo			
SUBJECT:	MAC	SANFORD OD, LLC		
JOB/E01		Name of Limi	ted Liability Company	
The enclosed A	rticles of A	mendment and fee(s) are subr	nitted for filing.	
Please return all	correspond	dence concerning this matter t	to the following:	
		Louis A. Sousa, Esq.		
			Name of Person	
		Lisa & Sousa, Ltd.		
			Firm/Company	
		5 Benefit Street		
			Address	
		Providence, RI 02904		
			City/State and Zip Code	
		n/a	to be used for future annual report noti	· · · · · · · · · · · · · · · · · · ·
For further info	rmation cor	ncerning this matter, please ca	•	neation)
Diane R. Protar			401 274-0600 at ()	
	Name of l	Person	Area Code Daytim	ne Telephone Number
Enclosed is a ch	neck for the	following amount:		
□ \$25.00 Filir	ng 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:

TO:

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

MAC SANFORD OD, LLC		
(Name of the Limited L (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabil	lity Company were filed on September 16, 2015	and assigned
Florida document numberL15000157736		
This armendment is submitted to amend the following	ng:	
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 designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u>x)</u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>enter</u> e address here:	the name of the new
Name of New Registered Agent:		OCT 2
New Registered Office Address:		SKY O
	Enter Florida street address	F S D
-	, Florida	Zip CodiP

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>	Name	Address	Type of Action
MGR	Carlos Ribeiro	2660 South Ocean Boulevard	_ Add
		Unit #706S	Remove
		Palm Beach, FL 33480	☐ Change
MGR	Diane Cavallo	2660 South Ocean Boulevard	
		Unit #706S	□ Remove
		Palm Beach, FL 33480	☐ Change
MGR	Michael Cavallo	2660 South Ocean Boulevard	■ Add
MGR Tanya DaCosta		Unit #706S	□ Remove
		Palm Beach, FL 33480	☐ Change
	Tanya DaCosta	2660 South Ocean Boulevard	Add -
		Unit #706S	A CR
		Palm Beach, FL 33480	SSEE Change
MGR.	Christopher DaCosta	2660 South Ocean Boulevard	SI AM
		Unit #706S	□ Remove
		Palm Beach, FL 33480	Change
MGR	Lindsey DiPietro	2660 South Ocean Boulevard	= Add
		Unit #706S	☐ Remove
		Palm Beach, FL 33480	☐ Change

(continued)

MGR Alexander DiPietro 2660 South Ocean Boulevard Unit #706S
Palm Beach, FL 33480

15 OCT 23 AM IO: 58

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ctive date, if other than th	e date of filing:		(ontional)	
effective date is listed, the date m	e date of filing: ust be specific and cannot be prior plock does not meet the applic	to date of filing or more the	an 90 days after filing.) I	Pursuant to 605.
iment's effective date on the I	olock does not meet the application of State's records		unements, ims dute w	SEC ALL
				<u> </u>
ecord specifies a delaye ne 90th day after the re	ed effective date, but no cord is filed.	it an effective time,	, at 12:01 a.m. o	
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October 23	2015	·		AM 10: 5% OF STATE E. FLORIDA
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	Signature of a member or auth	orized representative of a	member	DH. %

Page 3 of 3

Filing Fee: \$25.00