

L15000 161731

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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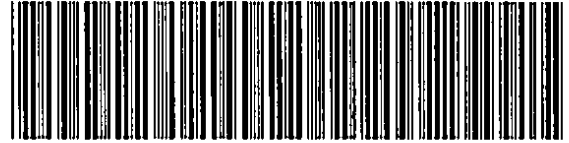
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

4/6/19

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: OMNIUS HEALTHCARE INV VEH XXI 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:

NIRAJ PATEL

Name of Person

OMNIUS HEALTHCARE INV VEH XXI LLC

Firm/Company

7411 International Drive

Address

ORLANDO FL 32819

City/State and Zip Code

niraj.universal@gmail.com

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

For further information concerning this matter, please call:

NIRAJ PATEL

407

467-4542

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 AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

OMNIUS HEALTHCARE INV VEH XXI 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 09/23/2015 and assigned Florida document number L15000161731.

This amendment is submitted to amend the following:

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

PANAMA CITY BEACH ONE 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)

6903 Congress Street

New Port Richey FL 34653

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6903 Congress Street

New Port Richey FL 34653

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:

VIJAY PATEL

New Registered Office Address:

6903 Congress Street

Enter Florida street address

New Port Richey

Florida 34653

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.

Vijay Patel

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>
MGR	DIPAK C PATEL	711 West Beach Drive	<input type="checkbox"/> Add
		Panama City FL 32401	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JITENDRA H PATEL	7411 International Drive	<input type="checkbox"/> Add
		Orlando FL 32819	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	NIRAJ V PATEL	1826 Blackwater Court	<input type="checkbox"/> Add
		Winter Garden FL 34787	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	VIJAY PATEL	6903 Congress Street	<input checked="" type="checkbox"/> Add
		New Port Richey FL 34653	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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WASHINGTON, D.C.
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FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

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.

Dated MARCH 24. 2019

Signature of a member or authorized representative of a member

NIRAJ PATEL

Typed or printed name of signee