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SECRETARY OF STATE

D. BRUCE DEC 12 2016

COVER LETTER

TO: Registration Section Division of Corporation	on rations	· .	· ,		
SUBJECT:	Five twelv	c Med.a LLC ited Liability Company			
	Name of Lim	ited Liability Company			
The enclosed Articles of Art	nendment and fee(s) are sub-	mitted for filing.			
Please return all corresponde	ence concerning this matter	to the following:			
	Pc	te Sicianni Name of Person			
		Name of Person			
		Firm/Company			
	24	563 Checcy h	:11 LN		
		563 Cherry h			
	Hermit	ege PA 1614 City/State and Zip Code	8		
_		ni p07@aol. COM to be used for future annual repor		28 1AL SI	
For further information cond	•	•	rt notification)	2016 DEC -8 SECRETARY ALLAHASSE	П
Pete Sia			99 8043	2016 DEC -8 → 12: 0 SECRETARY UF STATE ALLAHASSEE FLORIO	
Name of Pe	erson	at (561) 6 Area Code D	aytime Telephone Number	FLORI	
Enclosed is a check for the f	ollowing amount:			2: G	
	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified	e of Status &	

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

Five Twelv	Med.	a LLC				
(Name of the Limited Li (A F	ability Company orida Limited Lia	as it now appears o bility Company)	n our records.)			
The Articles of Organization for this Limited Liability Florida document number		ere filed on	4/06/201	6	and assig	gned
This amendment is submitted to amend the following	g:					
A. If amending name, enter the new name of the	limited liabili	ty company here	:			
The new name must be distinguishable and contain the words	om LC "Limited Liability	Company," the desi	gnation "LLC" or the	he abbrevi	ation "L.L	C."
Enter new principal offices address, if applicable	: (Sane)	711 Sh Boynte	1244 6	<u>ve</u>		
(Principal office address MUST BE A STREET A)	DDRESS)	Boynto	1 Beach	<u>. F1</u>	334	35
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BOX	<u>.</u>	·		>	<u>~3</u>	
B. If amending the registered agent and/or r	registered offic	ce address on o	our records, en	AH H	S S S S S S S S S S S S S S S S S S S	f the nev
registered agent and/or the new registered office			<u>==</u>	.338. 10 Ao		m
Name of New Registered Agent:				82 EV	— ;; —	<u> </u>
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	Enter Florida	street address	5	0	·
			. Florida	1		
		City			ip 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 Title <u>Name</u> <u>Address</u> Type of Action _ Add □ Remove ☐ Change _□ Add ☐ Remove ☐ Change _🗖 Add _□ Remove _□ Change _□ Add **Z**□ **Rea**nove ALLAKETINAY OF □ **Re**move _□ Change ☐ Add □ Remove ☐ Change

f amending any other information, enter change(s) here: (Attach additional si	heets, if necessary.)	
	 	
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	ASS.	
	54 5	
ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more that lote: If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	(optional)	.020 e d a
e record specifies a delayed effective date, but not an effective time, The 90th day after the record is filed.	at 12:01 a.m. on the earlie	er (
Pated		
011		
Signature of a member or authorized representative of a m	iember	

Page 3 of 3

Filing Fee: \$25.00