

L16000074799

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

S Warren

JUN 10 2016

LAW OFFICE
FERNANDO M. GIACHINO, P.A.
3601 SE OCEAN BOULEVARD
SUITE 204
SEWALLS POINT, FLORIDA 34996

FERNANDO M. GIACHINO, J.D., LL.M.
BOARD CERTIFIED IN WILLS, TRUSTS, AND ESTATES

PHONE (772) 266-4184
FAX (772) 210-6942
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June 8, 2016

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

VIA FEDERAL EXPRESS

Re: Oceanside Medical Plaza, L.L.C.
Our File: 16-031.1

To Whom It May Concern:

Please find enclosed the following for the above-referenced entity:

1. Articles of Amendment to the Article of Organization
2. Our check in the amount of \$25.00 for the filing fee

Please return all correspondence concerning this matter to Fernando M. Giachino c/o Fernando M. Giachino, P.A., 3601 SE Ocean Blvd., Suite 204, Stuart, FL 34996 or contact our office at (772)266-4184.

Yours truly,

FERNANDO M. GIACHINO, P.A.



Fernando M. Giachino

FMG/cd
Enclosures

cc: Mr. Robert S. Gluckman.

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

OCEANSIDE MEDICAL PLAZA, L.L.C.

(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 April 15, 2016 and assigned
Florida document number L16000074799.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." 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)

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TALLAHASSEE, FLORIDA

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>
MGR	BRYAN GRAHAM, PMT	930 SW Whisper Ridge Trail	<input type="checkbox"/> Add
		Palm City, FL 34990	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

[illegible]

(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)

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.

June 6th 1964

[Signature]

Signature of _____

Robert S. Gluckman, Esq.

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TREASURY FLORIDA