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Division of Corporations

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2017 JAN 30 IPM 1: 14

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TOTAL HEALTH CARE MEDICAL CENTERS, LLC

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JAN 31 2017

S. YOUNG

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Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TOTAL HEALTH CARE MEDICAL CENTE	· · · · · · · · · · · · · · · · · · ·	
(Name of the Limited Liability (A Florida	y Company as it now appears on our record Limited Liability Company)	9.)
The Articles of Organization for this Limited Liability Co Florida document number L16000226666	• •v	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
CBD GALLERY, LLC		
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		7
(Principal office address MUST BE A STREET ADDRI	ESS)	2 33
		30 55 7
		F F S
Enter new mailing address, if applicable:		9 07A
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office addre		, enter the name of the new
Name of New Registered Agent:	·	
New Registered Office Address:		
	Enter Florida street address	•
	, Flo	rida
	City	Zip Code
New Projectored Agent's Signature if changing Designand	Aganti	

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

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FAXTRo.

P. 003

<u>::</u>:

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 = M $AMBR = A$	Isnager Luthorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Add
			☐ Remove
			☐ Change
			D Add
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ffective date, if other than the date of filing: _ an effective date is listed, the date must be specific and can (ote: If the date inserted in this block does not meet ocument's effective date on the Department of State	not be prior to date of filing or more than the applicable statutory filing requi	(optional) 90 days after filing.) Pursuant rements, this date will not b	to 605.02 se listed

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