

L17000022350

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000168815 3)))



H180001688153ABC5

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page.  
Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850) 617-6397

From: Account Name : QUARLES & BRADY OF TAMPA LLP  
Account Number : 120100000038  
Phone : (813) 387-0285  
Fax Number : (813) 387-1800

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: michael@abdoneyortho.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
BIG BEND PROFESSIONAL LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

K. SALY

JUN 12 2018

RECEIVED

2018 JUN 11 PM 12:20

DIVISION OF CORPORATIONS  
FLORIDA DEPARTMENT OF STATE

FILED

18 JUN 11 AM 10:01

((1180001688153))  
**ARTICLES OF AMENDMENT  
 TO  
 ARTICLES OF ORGANIZATION  
 OF**

FILED  
 18 JUN 11 AM 10:01  
 CLERK OF CIRCUIT COURT  
 IN AND FOR THE COUNTY OF  
 BREVARD, FLORIDA

BIG BEND PROFESSIONAL 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 JANUARY 27, 2017 and assigned Florida document number L17000022350.

This amendment is submitted to amend the following:

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

OAK GROVE PROPERTY INVESTMENTS 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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

City, Florida 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:

((H18000168815 3)))

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	BIG BEND PROFESSIONAL		<input type="checkbox"/> Add
		101 E. KENNEDY BLVD, SUITE 3400 TAMPA, FL 33602	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DR. MICHAEL L. ABDONEY	2518 W. SUNSET DR. TAMPA, FL 33629	<input checked="" type="checkbox"/> Add
			<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
JUN 11 2018  
AM 10:01

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

((118000168815.3)))

FILED  
JUN 11 AM 10:01

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(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)

**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.

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.

Dated MAY 29 2018

Signature of a member or authorized representative of a member

MICHAEL L. ABDONEY

Typed or printed name of signer

06/11/2018 11:58AM FAX 8133671800  
850-617-6381

QUARLES&BRADY

00005/0005

6/5/2018 10:19:25 AM PAGE 1/001 Fax Server



June 5, 2018

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

BIG BEND PROFESSIONAL LLC  
101 E KENNEDY BLVD.  
SUITE 3400  
TAMPA, FL 33602US

SUBJECT: BIG BEND PROFESSIONAL LLC  
REF: LI7000022350

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Judy A Leggett  
Regulatory Specialist II  
Registration Section

FAX Aud. #: H18000168815  
Letter Number: 718A00011599

RECEIVED

2018 JUN 11 PM 12:20

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32314