Division of Corporations

Page 1 of 2



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(((H17000153486 3)))



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# FAX AUDIT #H17000153486 3

# **COVER LETTER**

Division of Co		•			
6056, LLC SUBJECT:	2				
30BJEC1;	Name of Lin	nited Liability Company	<del></del>		•
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.		•	*:
	ondence concerning this matter				
	-	- "			
	THOMAS OPPENHEIM	ER, ESQ.			
		Name of Person			
	FOX ROTHSCHILD LLF				
•		Firm/Company			1020
	2 S. BISCAYNE BLVD.,	SUITE 2750			
		Address			
	MIAMI, FLORIDA 3313				
		City/State and Zip Code			
	TOPPENHEIMER@FOXE		٠.		
	E-mall address:	to be used for future annual report not	fication)		
For further information	concerning this matter, please c	all:		· · · · ·	
VANESSA LAGANA		305 442-6544			.4
Name o	of Person	at () Area Code Daytim	e Telephone Number	ALL PRINTS	
		4-3 450			,
Enclosed is a check for t	the following amount:				
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Tallahassee, FL 32314

# STREET/COURIER ADDRESS:

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

. ..

# ARTICLES OF AMENDMENT FAX AUDIT #H17000153486 3 TO ARTICLES OF ORGANIZATION OF

	6056, L.LC			
(Name of the Limited Liabit (A Florid	ity Company as it now appears on our records. la Limited Liability Company)	)		
The Articles of Organization for this Limited Liability ( Florida document number L17000064398	Company were filed on 03/21/2017	and assigned		
This amendment is submitted to amend the following:	·			
A. If amonding name, enter the new name of the lim	nited liability company here:			
The new name must be distinguishable and contain the words "Lic	nited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		7. S		
(Principal office address MUST BE A STREET ADD	RESS)	F		
		EÖ S		
		SSI de P		
Enter new mailing address, if applicable:		mo .		
(Mailing address MAY BE A POST OFFICE BOX)		7.3 H		
		22 <b>2 1</b>		
		A TO		
B. If amending the registered agent and/or registered agent and/or the new registered office add		enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Flor			
	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 60S, 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

Page 1 of 3

FAX AUDIT #H17000153486 3
If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

Title	Name	Address	Type of Action
MOR	AMIEL TOKAYER	1411 NORTH FLAGLER DRIVE	□ Add
		SUITE 5600	Remove
		WEST PALM BEACH, FL 33401	
MGR	PAUL MENDOZA, MD	1411 NORTH FLAGLER DRIVE	■ Add
-		SUITE 5600	☐ Remove
		WEST PALM BEACH, FL 33401	
			Add
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# FAX AUDIT #H17000153486 3

	ding any other information, enter change(s) here: (Attach additional sheets, if necessar ં			
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E. Effective (If an effective control of the contro	e date, if other than the date of filing: (optional) tive 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 60:	5.0207 (3)(b)	
	The date inserted in this block does not meet the applicable statutory filing requirements, this date it's effective date on the Department of State's records.	will not be list	ed as the	
If the reco (b) The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. 10th day after the record is filed.	on the earli	er of:	
, ,		$\vec{\lambda}_{c}$	<u></u>	
Dated	UNE 7	C C		
	L WIX	景		Eq
	Signature of a member or authorized representative of a member		20	
	THOMAS OPPENHEIMER, ESQ., AUTHORIZED REPRESENTATIVE OF A MEMBER	PG 5		
	Typed or printed name of signes	ORID.		
		DA S	<u>-</u>	

Page 3 of 3 FAX AUDIT #H17000153486 3

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