117000105892

(Re	questor's Name)	
(Ad	dress)	··-
(Ad	dress)	
(0)		<u></u>
(Cit	y/State/Zip/Phone #	F)
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:		
(Bu	siness Entity Name)
(Do	ocument Number)	
·	·	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	

Office Use Only



01/02/18--01009--027 **25.00

18 JAN -2 PM 4: 4!

SECRETARY OF STATE
DIVISION OF CORPORATIONS

B FIGUEROA JAN 04 2018

COVER LETTER

TO:	Registration S Division of Co		·	
SUBJE	\$200 Heal	th Center Blvd., LLC		
		Name of Lin	nited Liability Company	
		f Amendment and fee(s) are sul		
Please	return all corresp	ondence concerning this matter	to the following:	
		James D. Dati		
		111	Name of Person	
		Bond, Schoeneck & King,	PLLC	
			Firm/Company	
		4001 Tamiami Trail N.		
			Address	
		Naples, FL 34103		
		mm2886@comcast.net	City/State and Zip Code	
For fire	har indowned	E-mail address: (to be used for future annual report notif	fication)
James I		concerning this matter, please c	239 659-3845	
	Name o	of Person	at () Area Code Daytime	: Telephone Number
Enclose	d is a check for t	he following amount:		
■ \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

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

8200 Health Center Blvd., LLC

(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited 1 Florida document number L17000105892	Liability Company	y were filed on May 12, 2017 a	nd assigned		
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liab	hility company hara:			
McCaw & Associates Investment Group, LLC		omy company nere.			
	words "Limited Liabi	ility Company," the designation "LLC" or the abbreviat	ion "L.L.C."		
		ility Company were filed on May 12, 2017 and assigned ing: be limited liability company here: Is "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Ide: 24301 Walden Center Drive Suite 103 Bonita Springs, FL 34134 24301 Walden Center Drive Suite 103 Bonita Springs, FL 34134 registered office address on our records, enter the name of the new enaddress here: James D. Dati 4001 Tamiami Trail N., Suite 250 Enter Florida street address Naples Florida			
·		Suite 103			
		Bonita Springs, FL 34134			
Enter new mailing address, if applicable:		24301 Walden Center Drive			
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 of registered agent and/or the new registered office address here Name of New Registered Agent: James D. Dati	Suite 103	***			
		Bonita Springs, FL 34134			
registered agent and/of the new registered of	ince address her	ffice address on our records, <u>enter the n</u>	ame of the new		
New Registered Office Address	4001 Tamiami	Trail N., Suite 250			
		Enter Florida street address			
	Naples	Florida 34103			
Y 70 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		City Zip	Code		
New Registered Agent's Signature, if changing I					
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as reginering filed to merely reflect a change in the company has been notified in writing of this	er ana comptete stered agent as p revistered office	performance of my duties, and I am familia	r with and document is secretary DIVISION OF FA		

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>		Address	Type of Action
MGR	Craig A. Forbes	21552 Belhaven Way	□ Add
		Estero, FL 33928	Remove
Man			Change
MGR	Mark W. McCaw	21552 Belhaven Way	∃ Add
		Estero, FL 33928	Remove
			☐ Change
			Add
			□ Remove
			Change
			
			□ Remove
			Change
			□ Add
			Ren Ren Ren
			Change PA
			- 2 Change PM L: L9 Change PM L: L9 Add Add
			Remove

						_
						_
 						_
•						_
_						-
						-
-				·		_
						_
			-			
		11.07.5-7.1				-
						-
						-
						-
	<u>. </u>					-
-						-
			<u></u>			-
				_		
						•
fective date, if other the meffective date is listed, the ote: If the date inserted in	ian the date of fili date must be specific a	ng:	to date of filing or mor	(optio	nal)	s nan
ote: If the date inserted in cument's effective date o			ble statutory filing	equirements, this	date will not be list	ed as
record specifies a d The 90th day after th	elayed effective ne record is filec	date, but not i.	an effective tin	ne, at 12:01 a	.m. on the earli	er o
December <u>19</u>		2017			9	
ted		<u> </u>	·		C _P N	<u>.</u>
					1	5

Page 3 of 3

Typed or printed name of signce

Filing Fee: \$25.00