L17000120479

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Sasiness Eliki, Herre)
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DIVISION OF CORPORATIONS

O SIMMONS JUN 15 2017

COVER LETTER

CHC-1220 SUBJECT:	MEMORIAL PWKY HUNSTY	/ILLE AL LLC	
30bJEC1,	Name of Limit	ed Liability Company	
The enclosed Articles of a	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspon	ndence concerning this matter to	o the following:	
	AUGUSTO EGOAVII.		
		Name of Person	
EGOAVIL & HORVAT, PLLC			
Firm/Company			
	2525 PONCE DE LEON B	LVD, SUITE 300	
		Address	
	CORAL GABLES, FL 331.	3.4	
		City/State and Zip Code	
	AUGUSTO@EGOAVILHO		
	E-mail address: (to	be used for future annual report notific	ration)
For further information co	oncerning this matter, please ca	II:	
AUGUSTO EGOAVIL		at () 389-9557 Area Code Daytime	
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

CHC-1220 MEMORIAL PWKY HUNSTVII	LLE AL LLC	
(<u>Name of the Limited Liabilit</u> (A Florida	v Company as it now appears on our records, (Limited Liability Company)	
The Articles of Organization for this Limited Liability Corollary Government number $\frac{1.17000120479}{1.17000120479}$	ompany were tiled on <u>06/01/2017</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
CHC-1220 MEMORIAL PKWY HUNTSVILLE AL LLC		
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or the ab	
Enter new principal offices address, if applicable:		17 JUN T
(Principal office address MUST BE A STREET ADDR	(ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		of COMPONATIONS
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		the name of the new
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 = N $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			Remove
			Change
			□ Remove
			Off Convenience
			CONTROL F
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			<u>-</u>	CONTRIBUTION
				
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reffective date is listed, the date te: If the date inserted in this	the date of filing: must be specific and cannot be pric s block does not meet the appl c Department of State's record	or to date of filing or n icable statutory filin	iore than 90 days after i	filing.) Pursuant to 605,020
record specifies a dela The 90th day after the r	yed effective date, but n ecord is filed.	ot an effective i	time, at 12:01 a	.m. on the earlier o
ed June 6	2017	. //		
		[N		
		horizeu representative		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00