

L17000143445

Florida Department of State
Division of Corporations
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LWR MOB, LLC**

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TALLAHASSEE, FLORIDA

S. WARREN

NOV 09 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LWR MOB, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

A. Michael Lee, Esq.

Name of Person

Jones Day

Firm/Company

1420 Peachtree Street, N.E.; Suite 800

Address

Atlanta, Georgia 30309

City/State and Zip Code

alee@jonesday.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

A. Michael Lee, Esq.

404

581-8428

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

LWR MOB, 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 July 3, 2017 and assigned
Florida document number L17000143445

This amendment is submitted to amend the following:

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

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:

Sanders Law Group, P.A.

New Registered Office Address:

2938 1st Avenue N.

Enter Florida street address

St. Petersburg

Florida 33713

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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

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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>	<u>Address</u>	<u>Type of Action</u>
MGR	R. Patrick Marston	435 5th Avenue N, Suite 200	<input type="checkbox"/> Add
		St. Petersburg, Florida 33701	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Gunn Development, LLC	c/o Optimal Outcomes, LLC	<input checked="" type="checkbox"/> Add
		435 5th Avenue N, Suite 200	<input type="checkbox"/> Remove
		St. Petersburg, Florida 33701	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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