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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : BRINKLEY, MORGAN

Account Number : 076077003213

Phone Fax Number : (954)522-2200 ; (954)522-9123

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

Email Address: william. Kramerabrinkleymorgan. com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 1801 MED CENTER LLC

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1 V03

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1801 MED CENTER LLC		
(Name of the Lim	ited Linbilliv Company at it now an (A Florida Limited Liability Compa	ny)
The Articles of Organization for this Limited I	Liability Company were filed on	RULY 5, 2017 and assigned
Florida document number L17000144433		
This amendment is submitted to amend the fol	llowing:	
A. If amending name, enter the new name	of the limited liability compan	y here:
The new name must be distinguishable and comain the	words "Limited Liability Company,"	the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if appli	leable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
	-	
Enter new mailing address, if applicable:		ان
(Mailing address MAY BE A POST OFFICE	E BOX	至 (
B. If amending the registered agent and registered asent and/or the new registered of		on our records, enter the name of the new
Name of New Registered Agent:	JANE WEISS, CPA	
New Registered Office Address:	490 SAWGRASS PARKWA	Y, SUITE 100
The Application of the Principal .	- Епів	Florida street address
	SUNRISE	, Plorida ³³³²⁵
	City	Zip Code

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 familtar with and accept the obligations of my position as registered agent as provided for in Chapter 603, 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.

ting Registered Agent, Signature of New Resistered Agent

Page 1 of 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name		Address	Type of Action
AMBR	PARKED OS LLC		6970 NW 87TH AVENUE	
-			PARKLAND, FL 33067	≅ Remove
				Change
AMBR	4331 NORTH FEDERAL, LLC		6970 NW 87TH AVENUE	
		, ,	PARKLAND, FL 33067	Remove
				Change
MGR	STEPHANE MALTAIS		6970 NW 87TH AVENUE	
		-	PARKLAND, FL 33067	☐ Remove
				□ Change
				Remove 5
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				☐ Change

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ffective date, if other than the date an effective date is listed, the date must be Note: If the date inserted in this block focument's effective date on the Dept.	c does not meet the applicab	date of filing or more than to	(optional) 30 days after filing.) Pursuant ements, this date will not b	to 605.0207 (3)(b) e listed as the
e record specifies a delayed e The 90th day after the recor		an effective time, a	t 12:01 a.m. on the (earlier of:
Dated NOVEMBER 14	_ 2017	-> ->		•
Dated	<i>ラッター</i>			
		100	<u>, </u>	
Si	gnature of a member or author	ized representative of a mer	mber	
WILLIAM S. KRAMER,	rea			

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