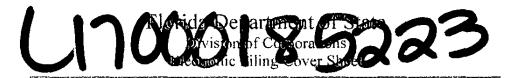
Division of Corporations

10/3/2017 7:30:44 AM PDT

3239628300 From: Meghan Smith

Page 1 of 2



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000250425 3)))



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To:

Division of Corporations

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: (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062

: (323)962-8600

Phone Fax Number

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

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Second Request - Originally submitted 9/24/2017

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN OSTEOPATHIC MEDICAL ARTS CENTER OF SOUTH FLORIDA, LL

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55,00

COVER LETTER

	istration Sect isten of Corpo		• 1		
SUBJECT:	OSTEOPA"		ENTER OF SOUTH FLORIDA	, LLC	
		Name of Lim	ited Liability Company		
The enclosed	Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return	all correspond	dence concerning this matter	to the following:		
		Cheyenne Moseley			
		***************************************	Name of Person	and the second s	
		Legalzoom.com. Inc.			
			Firm/Company	<u> </u>	re. S.
		101 N. Brand Blvd., 11th Floor			7,000
			Address		
		Glendale, CA 91203			
			City/State and Zip Code		
		shjg1979@gmail.com	16 6 A		
For further in	iformation cor	E-mail address; (neerning this matter, please ca	to be used for future annual report notif	(Kanon)	
Cheyenne N	Moseley		800 773-0888 ex		
	Nume of l	Person	at () Area Code Daytime	Telephone Number	
Enclosed is a	check for the	following amount:			
□ \$25.00 F	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)	
					ı- ih

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 Tallahossee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

OSTEOPATHIC MEDICAL ARTS CENTER (
(<u>Name of the Limited Llability Comp</u> (A Florida Limited	pany as it now appears on our reco I Liability Company)	rds.)
The Articles of Organization for this Limited Liability Compan Florida document number 1.17000185223	by were filed on $\frac{08/30/2017}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and end with the words "Limited Li	ability Company," the designation "I	i.l.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		2.2. 8 14
		The second secon
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		The same of the sa
	, , , , , , , , , , , , , , , , , , ,	weer a region
	77 77	<u> </u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our recou	rds, enter the name of the ne
registered agent and/or the new registered office address no	<u></u>	
N. C.N. D. Zerova I. A. vere		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida sweet address	
	,]	Florida
	City	Zip Cocke
New Registered Agent's Signature, if changing Registered Agen	<u>1:</u>	
I hereby accept the appointment as registered agent and ag	gree 10 act in this capacity. I	further agree to comply with th
provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent as	te performance of my duties,	and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Keith Bischoff	625 NE 8th Ave., Unit 1	Add
		Fort Lauderdale, FL 33304	☑ Remove
		·	☐ Remove
			□ Add
			□ Remove
,,			□ Add
			Remove
			Addo Ti
			で 🖺 Remaye
			9. 2. Add
			☐ Remove

D.	If amending any other information, enter change(8) here: (Attach additional sheets, if necessary.)
E.	Effective date, if other than the date of filing:
	Dated 9/20/17.
	82
	Signature of a member of authorized representative of a member
	Serge-Henri Gardere
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

MA OCT -3 AM 9:27