## L17000191830

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## **COVER LETTER**

Division of Co			
MJHS Mi SUBJECT:	ami Lakes, LLC		
30 <i>b</i> 3£61	Name of Lim	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Leslie Torres		
		Name of Person	
	Miami Jewish Health Syst	ems, Inc.	
		Firm/Company	
	5200 NE 2 Avenue		
		Address	<del></del>
	Miami, FL 33137		
		City/State and Zip Code	<del></del> :
	ltorres@miamijewishhealth E-mail address: (	norg to be used for future annual report notific	cation)
For further information	concerning this matter, please concerning	all:	
Leslie Torres		305 751-8626 at ()	
Name	of Person		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

MJHS		
(Name of the Limited Liability ( (A Florida Li	Company as it now appears on our recomited Liability Company)	rds.)
The Articles of Organization for this Limited Liability Con	npany were filed on	and assigned
Florida document number L17000191830		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
DG Miami Lakes II, LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LI	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u></u>
(Principal office address MUST BE A STREET ADDRES	<u></u>	7 7 7
	<del></del>	
		73 1
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	
		<u> </u>
B. If amending the registered agent and/or register registered agent and/or the new registered office addres	red office address on our recor is here:	ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ress
		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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Miami Jewish Health Systems, Inc	5200 NE 2 Ave, Miami, FL 33137	■ Add
			_□ Remove
			Change
DIR	Jeffrey P. Freimark	5200 NE 2 Ave, Miami, FL 33137	
			■ Remove
			Change
DIR	Richard D. Skelly	5200 NE 2 Ave, Miami, FL 33137	GAdde TI
		<del> </del>	
			Change
DIR	Jason Pincus	5200 NE 2 Ave, Miami, FL 33137	□ Add
			■ Remove
			Change
AR	Leslie M Torres	5200 NE 2 Ave, Miami, FL 33137	Add
			■ Remove
			Change
	Leslie M Torres	·	□ Add
			Remove
			Change

				<del></del>
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	09/13/2017			PH 1:
fective date, if other than the date of neffective date is listed, the date must be specter. If the date inserted in this block does cument's effective date on the Departme	f filing: ific and cannot be prior to date s not meet the applicable s	of filing or more than 90 days	optional) after filing.) Pursuant to this date will not be	605.020%
record specifies a delayed effect The 90th day after the record is	tive date, but not an filed.	effective time, at 12:	01 a.m. on the ea	arlier of:
ted October 13,	2017			
	1/2	$\langle / \rangle$		

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Typed or printed name of signee

Filing Fee: \$25.00