118000002506

(Requestor's Name)
(Address)
(Address)
(1.00.000)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Bocument Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only



700308953567

02/12/18--01024--028 **25.08

18 FEB 1 2 PM 7: 01

SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

то:	Registration of				<i>2</i> 2	
SUBJE		REALT	Y GROUP LLC			
SOBIE	.C1:		Name of Lim	ited Liability Cor	npany	
The end	closed Articl	es of Am	endment and fee(s) are sub-	mitted for filing		
Please	return all cor	responde	nce concerning this matter	to the following	;	
			MICHAEL A BORKOWS	KI		
				Name of F	erson	
				Firm/Corr	pany	
	1901 WEST CYPRESS ROAD, 6TH FLO			OR		
	Addre				s	-
			FORT LAUDERDALE, FI	LORIDA 33309		
				City/State and	Zip Code	
		<u>.</u>	nichael@delphihealthgroup			
					re annual report notif	fication)
For furt	ther informat	ion conce	erning this matter, please ea	ill:		
•		305 at (854-0800			
	. No	ame of Per	son	Area	ode Daytimo	e Telephone Number
Enclose	ed is a check	for the fe	Howing amount:			
■ \$25	5.00 Filing Fe	ee [330.00 Filing Fee & Certificate of Status	S55.00 Fi Certified (additional		□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Re Di P.	egistratio ivision of O. Box 6	ADDRESS: n Section Corporations 327 r. FL 32314		STREET/COURL Registration Sectio Division of Corpor Clifton Building 2661 Executive Ce Fallahassee, FL 32.	n ations nter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EMD REALTY GROUP LLC	
(<u>Name of the Limited Liability Compary</u> (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company with the Company of the Liability Company of the Liabilit	ere filed on 01/03/18 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ty company here:
The new name must be distinguishable and contain the words "Limited Liabilit	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 here:	SEGRETARY OF STATE ALLAHASSEE. FLORID REBIT PM 7: OF STATE REBIT PM 7: O
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 provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and I am familiar with and by ided for in Chapter 605, F.S. Or, if this document is
tf Changi	ng Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being adde or removed from our records:						
MGR = AMBR =	Manager - Authorized Member					
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action			
MGR	DOMINIC SIRIANNI	1901 West Cypress Creek Road				
		6th Floor	□ Remove			
		Fort Lauderdale, FL 33309	Change			
			Add			
			Remove			
			Change			
			☐ Remove			
			Change			
			□ Adđ			
-			Remove			
		-	□ Change			
			Add			
			☐ Remove			
			Change			
			Add			
			☐ Remove			
			Change			

D. If amending any other information, enter change(s) here:	Attach additional sheets, if necessary.)	
<u> </u>		
		_
		_
		_
·		
		-
		ALI ALI
·		FEB ARIA
		- SAL
		4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
		STATE LORID, 7: 01
		Op.
		_
		_
		_
		_
		-
		_
		_
•		
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to Note: If the date inserted in this block does not meet the applicab document's effective date on the Department of State's records.	(optional) date of filing or more than 90 days after filing.) Pursuant to 60 le statutory filing requirements, this date will not be lis	95.0207 (3 Kb) ited as the
If the record specifies a delayed effective date, but not (b) The 90th day after the record is filed.	an effective time, at 12:01 a.m. on the earl	ier of:
Dated February 8th 2018		
11/1-	•	
VINI		
Signature of a member or authorize	zed representative of a member	
Maria V. Curais, Authoriza	d Representative	
Typed or printed	name of signee	
	[

Page 3 of 3
Filing Fee: \$25.00