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## COVER LETTER

	Registrati Division o					
3701 SOUTH OLIVE AVE LLC SUBJECT:						
SUBJEC	.1		Name of Lim	ited Liability Com	any	
The enclo	osed Artic	les of An	nendment and fee(s) are sub	mitted for filing.		
Please re	turn all co	rrespond	ence concerning this matter	to the following:		
			MICHAEL A BORKOWS	SKI	<u> </u>	
				Name of Pe	son	<del></del>
				Firm/Comp	any	
	1901 WEST CYPRESS ROAD, 6TH			OAD, 6TH FLOO	R	
	Address FORT LAUDERDALE, FLORIDA 33309					
			michael@delphihealthgroup	City/State and Z	ip Code	
		•	E-mail address: (	to be used for futur	annual report notif	ication)
_			erning this matter, please co			
MARIA V. CURRAIS, ESQ.			305 at (	854-0800		
		ame of Pe	rison	Агеа С	dde Daytime	: Telephone Number
Enclosed	is a check	for the f	ollowing amount:			
<b>■</b> \$25.0	00 Filing F	ee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Fili Certified ( (additional c		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	R D P.	egistratio ivision o .O. Box (	G ADDRESS: on Section of Corporations o327 e. FL 32314	F I (	TREET/COURI egistration Section lyision of Corport ifton Building 661 Executive Cer allahassee, FL 323	i itions iter Circle

## ARTICLES OF AMENDMENT TOARTICLES OF ORGANIZATION **OF**

3701 SOUTH OLIVE AVE LLC	
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y is it now appears on our records.)
(A Florida Lamited Li	conty Company)
The Articles of Organization for this Limited Liability Company v	vere filed on 01/09/18 and assigned
Florida document number L18000008432	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	Company" the designation "LLC" as the abbreviation "LLC"
The new frame must be distinguishable and contain the words. Elimited Clabiff,	tompany, the designation line of the aboreviation line.
Enter new principal offices address, if applicable:	8 LCB
(Principal office address MUST BE A STREET ADDRESS)	EB HE
	SS RY
	P 1700
Enter new mailing address, if applicable:	1.0 ST
(Mailing address MAY BE A POST OFFICE BOX)	O RICE
and and the same of the same o	
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
The state of the s	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 p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, and I am familiar with and ovided for in Chapter 605, F.S. Or, if this document is
If Chang	ing Registered Agent, Signature of New Registered Agent

lf ameno or remov	ding Authorized Person(s) authorized to ved from our records:	o manage, <u>enter</u>	the title, name, and address	of each person being added
	Manager = Authorized Member			
<u>Title</u>	<u>Name</u>	Address		Type of Action
MGR	DOMINIC SIRIANNI	1901 Wes	Cypress Creek Road	
		6th Floor		□ Remove
		Fort Laud	erdale, FL 33309	<b>□</b> Change
MGR	ELOY PAEZ	1901 Wes	t Cypress Creek Road	
		6th Floor		■ Remove
		Fort Laud	erdale, FL 33309	☐ Change
				□ Remove
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ffective date, if other than the	date of filing:	.1	1.00.1	(optional)	
an effective date is listed, the date mulote: If the date inserted in this h					
ocument's effective date on the f	Department of Stat	e's records.			
e record specifies a delaye The 90th day after the re		e, but not an	effective time, at 17	2:01 a.m. on the ea	rlier of:
	ora io inca.				
ated February 8th		2018			
11 1	···	·			
1//////					
	Signature of a mer	nber or authorized	representative of a member		
MARIA V. CURRAIS	ESQ. AM	wind for	ve contative		
		and or printed not	ne prisignee		

Page 3 of 3

Filing Fee: \$25.00