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## **COVER LETTER**

	egistration Sectivision of Corp		
etto ivær	_	reens Hialeah, LLC	
SUBJECT	;	Name of Limited Liability Company	
The enclose	ed Articles of a	Amendment and fee(s) are submitted for filing.	
Please retur	rn all correspoi	ndence concerning this matter to the following:	
		Melanie Medina	
		Name of Person	_
		Gator Investments	
		Firm/Company	_
		7850 NW 146th Street, 4th Floor	
		Address	- - 29
		Miami Lakes, FL 33016	23
		City/State and Zip Code	
		jag@gatorinvestments.com	*** ***
		E-mail address: (to be used for future annual report notification)	
For further	information co	oncerning this matter, please call:	St. Amil.
Melanie M	ledina	305 949-9049, extension 118	-
	Name of		r
Enclosed is	a check for th	e following amount:	
□ \$25.00	Filing Fee	(additional copy is enclosed) Certified	ate of Status &

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

Gator Walgreens Hialeah, LLC		
( <u>Name of the Limited Liability (</u> A Florida Li	Company as it now appears on our re imited Liability Company)	cords.)
he Articles of Organization for this Limited Liability Con	npany were filed on March 13, 20	and assigned
lorida document number L18000066063		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	d liability company here:	
ator 5701 NW 183 ST Hialeah, LLC		
ne new name must be distinguishable and contain the words "Limited	d Liability Company," the designation	'LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	(22)	, <del>6</del> 3
		10 · ·
nter new mailing address, if applicable:		
lailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<del></del>
If amending the registered agent and/or register gistered agent and/or the new registered office address		ords, enter the name of the
Name of New Registered Agent:	· -	
New Registered Office Address:		
	Enter Florida street aa	Adress
<del></del>		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 **Address Type of Action** <u>Title</u> <u>Name</u> \_□ Add ☐ Remove \_ Change □ Add ☐ Remove ☐ Change □ Add □ Řemove ⇒ \_□ Change \_\_ \_□ Add □ Remove \_□ Change □ Add ☐ Remove \_□ Change □ Add \_□ Remove \_□ Change

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Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee