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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	·
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COVER LETTER

	gistration Sec vision of Corp						
01191FZYP		434 LONGWOOD MEDICAL, LLC					
SUBJECT:		Name of Limi	ted Liability Company				
The enclose	d Articles of A	mendment and fee(s) are sub-	nitted for filing.				
Please retur	n all correspon	dence concerning this matter t	to the following:				
		NORA MILLER, ESQ.					
			Name of Person				
		GRAY ROBINSON, P.A.					
			Firm/Company				
		301 E. Pine St, Suite 1400					
			Address				
		ORLANDO, FL 32801					
			City/State and Zip Code				
		NORA.MILLER@GRAY-F	COBINSON.COM to be used for future annual report notific	inion)			
For further	information co	ncerning this matter, please ca		(OII)			
NORA MII	LLER, ESQ.		407 843-8880				
	Name of	Person	at ()	Telephone Number			
Enclosed is	a check for the	e 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, F1. 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

A-

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

434 LONGWOOD MEDICAL, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{04/16/2018}{1}$ and assigned Florida document number 1.18000095198 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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 on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

A.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	TIM MAJORS	2000 N. ORANGE AVE	Add
		ORLANDO. FL 32804	Remove
			Change
MGR	JIM RAPPAPORT	2000 N. ORANGE AVE	■ Add
		ORLANDO. FL 32804	☐ Remove
			Change
MGR	MILTON BIGUCCI, JR.	7901 KINGSPOINTE PARKWAY	
		SUITE 17	Remove
		ORLANDO, FL 32819	☐ Change
MGR	REALM SOUTHEAST INVESTM	2000 N. ORANGE AVE	
		ORLANDO, FL 32804	Remove
			STATE OF THE STATE
			Add Signature Control of the Control
			Change
			☐ Remove
			Change

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Note: If the date inserted in this	the date of filing: must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to is block does not meet the applicable statutory filing requirements, this date will not be be Department of State's records.	605.020° listed as
If the record specifies a delay (b) The 90th day after the r	yed effective date, but not an effective time, at 12:01 a.m. on the ear record is filed.	arlier o
Dated	. 2018	
	Bigucci Gr. Authorized Representative Bigucci Gr. Authorized Representation	

Page 3 of 3

Filing Fee: \$25.00