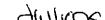


(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





05/11/18--01011--014 **25.00



COVER LETTER

TO: Registration Division of C	n Section Corporations	
	Frank fiola, LLC	
SUBJECT:	Name of Limited Liability Company	_
The enclosed Articles	s of Amendment and fee(s) are submitted for filing.	
Please return all corre	espondence concerning this matter to the following:	
	FRANK FIOLA, M.D.	
	Name of Person	
	FRANK FIOLA, LLC	
	Firm/Company	
	104 NW 114th Way	
	Address	
	Gainesville, FL 32607	
	City/State and Zip Code	
	fafiolall@gmail.com	<u> </u>
	E-mail address: (to be used for future annual report notification)	. 150 (=) (-)
For further information	on concerning this matter, please call:	
Ryan	1 King, Esq. 352 219 - 5351 at ()	
Nam	mber	
		1) (<u>)</u>
Enclosed is a check fo	or the following amount:	
\$25.00 Filing Fee	Certificate of Status Certified Copy Certi (additional copy is enclosed) Certi	0 Filing Fee, ificate of Status & ified Copy ional 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

	FRANK FIG	DLA, LLC				
(Name of the Limi	ted Liability Compa (A Florida Limited I	ny as it now appears on our records.) Jabihty Company)		_		
The Articles of Organization for this Limited L. Florida document numberL18000108025	iability Company	were filed on	and	assigned		
his amendment is submitted to amend the foli	owing:					
a. If amending name, enter the new name o	f the limited liab	ility company here:				
N/A he new name must be distinguishable and contain the	vords "Limited Liabil	lity Company," the designation "LLC" or t	he abbreviation	1 "L.L.C."		
		104 NW 114th Way				
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		Gainesville, FL 32607				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		104 NW 114th Way Gainesville, FL 32607				
3. If amending the registered agent and egistered agent and/or the new registered on Name of New Registered Agent:	or registered of	ffice address on our records, <u>er</u> <u>e</u> :	iter the nar	!]		
New Registered Office Address:	104 NW 114th			: 1 }		
	Gainesville	Enter Florida street address . Florid:		المسد ا		
		City:	Zip Co	ode		

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>	<u>Address</u>		Type of Action
AMBR	Frank A. Fiola, M.D.	104 NW 114th Way		🗆 Add
		Gainesville, FL 32607		Remove
				☐ Change
				Remove
				□ Change
				🗆 Add
				Remove
				🗆 Change
				□ Add
			60	□ Remove
				Change
				□ Add
				□ Remove
			G1	Change
				🗆 Add
				□ Remove
				Change

· N/A									
					<u></u>				
		_ _				_			
		-							
						 			
									
						· · ·			
	<u> </u>								
		·						53	
	<u> </u>			<u></u>				<u>-</u> :	_
			N/A - I	Date of filing					
and Manting Antonia I	other than the disted, the date must	he enecitie a	ing:	orior to date o	f filing or mor	e than 90 da	(optional ys after filin	g.) Pursuai	i nt to 605.0
ote: If the date in	iserted in this blo	ick does not	t meet the ap	plicable stat	utory filing	requiremer	its, this dat	e will not	be listed
ocument's effective	ve date on the De	partment of	i State's reco	orus.				(5)	<i>,</i> 2°
1	5 d-ld	a ffa ativa	data but	not an of	factive tir	me at 17)·01 a m	ofi'the	earlier
: record specif The 90th day	ies a delayed after the reco	ord is filed	d.	חטנ מוז פו	iective til	iic, at 12	0,,,,,	. 011 (110	
			2018	₹					
\$ 4 T	k-1		-· - 2	··					
ated	J" A	7	- //	AA P					
May 7	14		' As	//N I .)				
nted	1A	Signature of	a member of	authorized rep	presentative o	f a member	_		

Page 3 of 3

Filing Fee: \$25.00