## 118000127992

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JUL 20 2018

## **COVER LETTER**

TO:	Registration S Division of Co			
CHD III	Care	47 ST, LLC		
SUBJE	ж: <u></u>		ited Liability Company	
The en	closed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please	return all corresp	ondence concerning this matter	to the following:	
		RICHARD L. BARBARA		
			Name of Person	
		<u> </u>	Firm/Company	
		224 PALERMO AVENUE	<u> </u>	
			Address	
		CORAL GABLES. FL 33	134	
			City/State and Zip Code	
		maribelbastardo l 9@hotmai	to be used for future annual report notification)	
For fur	ther information	concerning this matter, please co		
	NIO BASTARD		267 231-1906	
	Name	of Person	at () Area Code Daytime Telephone Number	
Enclose	ed is a check for t	the following amount:		
<b>3</b> \$2:	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee.  Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	
	Regisi Divisi P.O. E	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, 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

FII	ED
18 Jin .	$\leq D$
18 JUL 10	PH 5: 48

948 EAST 47 ST, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A1	Torida Ellaned Elability Company)	
The Articles of Organization for this Limited Liabil	lity Company were filed on	and assigned
Florida document number L18000127992	·	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
8320 SW 39 CT, LLC		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "I	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	_
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	X)	
B. If amending the registered agent and/or registered agent and/or the new registered office  Name of New Registered Agent:	• •	rds, enter the name of the n
New Registered Office Address:	Enter Florida street add	
	Emer Fiorida Sireci dad	iress
_	,	Florida
New Registered Agent's Signature, if changing Regi	·	Dip Colle
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the regi company has been notified in writing of this cha	und complete performance of my duties, red agent as provided for in Chapter 60 istered office address, I hereby confirm	and I am familiar with and 5, F.S. Or, if this document is

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 = N $AMBR = A$	lanager authorized Member		FILED	
Title	<u>Name</u>	Address	FILED  18 JUL 10 PH 5: 48  SLOWER STATE  STA	Type of Action
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	ast be specific and cannot be prior to date of filing or more	
	block does not meet the applicable statutory filing re Department of State's records.	equirements, this date will not be listed
	ed effective date, but not an effective tim	ne, at 12:01 a.m. on the earlier
ne 90th day after the re	cord is filed.	
JULY 9	2018	$\supset$
ed	·/	

Page 3 of 3

Filing Fee: \$25.00