L190000 80212

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	-
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(D.	A A I b 2	
(100	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
	· · · · · · · · · · · · · · · · · · ·	

Office Use Only



500348940925

07/31/20--01022--016 **25.00

rm m 31 61 9:28

C. GOLDEN SEP 2 0 2020

COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

THE TRACE	N ASSETS L'LC		
	Name of Lim	ited Liability Company	
79 1 1 1 C			
The enclosed Afficies of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	FRANCY J NINO		
		Name of Person	
	SHERIDAN ASSETS LLC		
		Firm/Company	
	7369 SHERIDAN ST. SUI	TE 100	
		Address	
	HOLLYWOOD, FL 33024	!	
		City/State and Zip Code	
	research@sflurgentcare.com		
	E-mail address: (to be used for future annual report noti	ification)
For further information c	oncerning this matter, please co	all:	
FRANCY J NINO		954 505 0222 at ()	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	ne 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 Addres		Street Address:	
Registration S Division of C		Registration Se Division of Cor	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHERIDAN ASSETS LLC

\$7.7.7.21 FX 9:38

(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 March 22, 2019 and assigned Florida document number 1.19000080212 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: 7369 SHERIDAN ST. SUITE 100 (Principal office address MUST BE A STREET ADDRESS) HOLLYWOOD, FL 33024 Enter new mailing address, if applicable: 7369 SHERIDAN ST. SUITE 100 (Mailing address MAY BE A POST OFFICE BOX) HOLLYWOOD, FL 33024 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.

City

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

AMBD		Authorized	Mamhar
AIAID IZ	- :	AUTHOUSE SECTION	TATCIIIITICI

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			Change
			□Add
			Change
			□Add
			□Remove
		<u> </u>	☐ Change
			
			□Change
	····		
			□Remove
			Remove

						
						
	•				· · · · · · · · · · · · · · · · · · ·	
					- ,,.	
				-		
			<u>. </u>			
						
 						
	· <u></u>	<u> </u>				
				.		
						
fective date, if other than the effective date is listed, the date in this term of the date in this cument's effective date on the	block does not	t meet the applic	able statutory i	or more than 90 da Iling requiremen	(optional) sys after filing.) Pur nts, this date will	suant to 605.020 not be listed (
cord specifies a delayed effect s filed.	ive date, but n	ot an effective ti	ime, at 12:01 a	m. on the earlie	r of: (b) The 90	th day after th
July 02		2020	·			
·						
			_ `			
	Signature of	a member or with	orized represent:	tive of a member		

Filing Fee: \$25.00