L19000097865

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DATE:

7/25/19

NAME:

3240 AUTO MARGATE LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE Obhie Hodgl

COVER LETTER

	ision of Cor			
SUBJECT:	3240 Auto	Margate LLC		
oobober.		Name of Lim	ited Liability Company	
The enclosed	l Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Lawrence Litwak, Esq.		
		 	Name of Person	
		Greif & Litwak, P.C.		
			Firm/Company	
		195 Worcester Street, Suite	e 301	
			Address	
		Wellesley Hills, Massachu	setts 02481	
			City/State and Zip Code	 .
		larry@gltaxlaw.com		
		E-mail address: (i	to be used for future annual report notifi	cation)
For further in	iformation co	oncerning this matter, please ca	all:	
Lawrence Li	itwak		781 489-1040	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling 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, 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

32	240 Auto Margate LLC	
(<u>Name of the Limited Liah</u> (A Flor	oility Company as it now appears on our records. ida Limited Liability Company))
The Articles of Organization for this Limited Liability	Company were filed on April 16, 2019	and assigned
Florida document number L19000097865		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
3240 Medical Clarcona LLC		2019
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC"	or the abbreviation "E.L.C
Enter new principal offices address, if applicable:		20
(Principal office address MUST BE A STREET ADI	ORESS)	10 mg - 10 1
		0.0
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg	istered office address on our records.	enter the name of the new
registered agent and/or the new registered office ad	ldress here:	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	_	
	Enter Florida street address	
	, Flor	ida
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			
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Note: If th	date, if other than t e date is listed, the date i ne date inserted in this s effective date on the	must be specific and block does not m	cannot be prior to sect the applicab	date of filing or m	on than 90 days ofter	onal) r filing.) Pursuant to 605. s date will not be listed	0207 (3) d as the
ne record	l specifies a delay th day after the r	red effective da ecord is filed.	ate, but not a	an effective t	ime, at 12:01 a	a.m. on the earlie	r of:
1116 300							

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00