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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : HOLLAND & KNIGHT Account Number : 075350000340 Phone : (407)425-8500 Fax Number : (407)244-5288

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

ddress:							
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MT HAMLIN, LLC

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STURETARY OF STATE

MYTSION OF CORPORATION

## ARTICLES OF AMENDMENT SECRETARY OF STATE TO STATE STAT

## MT Hamlin, LLC

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

The Articles of Organization for this Limited Liabilit		and assigned
Florida document number L19000105740	<u></u>	
This amendment is submitted to amend the following	g;	
A. If amending name, enter the new name of the l	limited liability company here:	
The new name must be distinguishable and contain the words "l	Limited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:	<del></del>	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
B. If amending the registered agent and/or re registered agent and/or the new registered office a	egistered office address on our records, <u>en</u> <u>address here</u> :	ter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	Cny	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

Title	Name	Address	Type of Action
AMBR	Dr. Rupalben Patel Thakkar	4769 The Grove Drive, Suite 100 Windermere, FL 43786	® Add
			🗀 Remove
		<u> </u>	🗅 Change
AMBR	Dr. Matthew D. McKissock	4769 The Grove Drive, Suite 100 Windermere, FL 43786	B Add
		·	□ Remove
			☐ Change
			[] Add
		<u> </u>	□ Remove
			D Change
			D Remove
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			D Add
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			[L] Change
			EJ Add
		<del>-</del>	_□ Retπove
			☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
<del>-</del>		
	***************************************	
E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be p. Note: If the date inserted in this block does not meet the approximent's effective date on the Department of State's reconstitution.	(optional) for to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) elicable statutory filing requirements, this date will not be listed as the eds.	
If the record specifies a delayed effective date, but (b) The 90th day after the record is filed.	not an effective time, at 12:01 a.m. on the earlier of:	
Dated April 26 2019		
Aquir in or a member or a	amenaed representative of a member	
Dr. Rupalben Patel Thakkar		
Cyped or pa	inted name of signee	

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Filing Fee: \$25.00