L190003H4H3C

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 18, 2020

EDNA MENDEZ 120 BROADWAY AVE STE 302 KISSIMMEE, FL 34741

SUBJECT: MED AND PROPERTIES, LLC

Ref. Number: L19000249430

We have received your document for MED AND PROPERTIES, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 920A00023283

Octavia L Simmons
Regulatory Specialist II Supervisor

www.sunbiz.org

COVER LETTER

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Tallahassee, FL 32314

TO:

TO: Registration Se Division of Cor			
CLUBICON	PROPERTIES, LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	EDNA MENDEZ		
		Name of Person	
	EMPIRE BUSINESS & T	AX ADVISORS, LLC	
		Firm/Company	
	120 BROADWAY AVE S	JUITE 302	
		Address	
	KISSIMMEE, FL 34741		
	ednamendez@empirebta.co		
For further information c	n-mail address: (oncerning this matter, please c	to be used for future annual report not all:	meation)
EDNA MENDEZ		407 613-0850	
Name o	f Person	at ()	e Telephone Number
Enclosed is a check for th	ne following amount:		
☐ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S Division of C	Section	Street Address: Registration Se Division of Co	
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

MED AND PROPERTIES, LLC

11:12

(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 $\frac{10/03/2019}{10/03/2019}$ _____ and assigned Florida document number $\frac{1.19000249430}{1.19000249430}$ 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: 120 BROADWAY AVE SUITE 302 New Registered Office Address: Enter Florida street address ___. Florida ^{3474]} Zip Code KISSIMMEE

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 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	<u>Name</u>	Address	Type of Action	
AMBR	MARCO MEDUGNO	6874 DOLCE WAY	□Add	
		ORLANDO, FL 32819	□Remove	
			■Change	
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ffective date, if other than the data an effective date is listed, the date must be ote: If the date inserted in this block ocument's effective date on the Department.	k does not meet the applica	to date of filing or more able statutory filing r	than 90 days after equirements, thi	filing.) Pursuant to 605.0207 s date will not be listed as
record specifies a delayed effective d	late, but not an effective tir	ne, at 12:01 a.m. on	the earlier of: (h) The 90th day after the
l is filed.				
OCTOBER 6	. 2020	<u> </u>		
ated OCTOBER 6	2020			

Filing Fee: \$25.00