

L19000 267 476

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend

JAN 13 2020
I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OKEE 441 PROPERTY HOLDINGS, LLC, a Florida limited liability company
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:

Dr. Tim Ioannides

Name of Person

Treasure Coast Dermatology

Firm/Company

140 SW Chamber Court, Suite 200

Address

Port St. Lucie, FL 34986

City/State and Zip Code

timbrann@tcdermatology.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Greg Brann 772 878-3376
Name of Person at (Area Code) Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2019 DEC -9 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OKEE 441 PROPERTY HOLDINGS, LLC

(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 October 24, 2019 and assigned
Florida document number L1900267476.

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:

140 SW Chamber Court, Suite 200

Principal office address MUST BE A STREET ADDRESS

Port St. Lucie, FL 34986

Enter new mailing address, if applicable:

140 SW Chamber Court, Suite 200

Mailing address MAY BE A POST OFFICE BOX

Port St. Lucie, FL 34986

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:

Ingrid Brann

New Registered Office Address:

140 SW Chamber Court, Suite 200

Enter Florida street address

Port St. Lucie

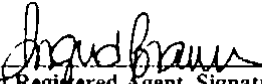
, Florida 34986

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

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added
removed from our records:

GR = Manager


MBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
GR	DAVID N. SOWERBY	2940 South 25th Street	<input type="checkbox"/> Add
		Fort Pierce, FL 34981	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
GR	DR. TIM IOANNIDES	140 SW Chamber Court, Suite 200	<input checked="" type="checkbox"/> Add
		Port St. Lucie, FL 34986	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated December 6, 2019



DR. TIM IOANNIDES, Manager

Filing Fee: \$25.00