120000127293

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T. MATTHEWS FEB 2 1 2022



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2022 FEB -1 AM 7:49

SECRETARY OF STATE TALLAHASSEE, FL

January 25, 2022

KARL-HEINZ THEOBALD 131 E. 13TH STR ST. CLOUD, FL 34769

SUBJECT: ST. CLOUD MEDICAL PLAZA PROPERTY OWNERS

ASSOCIATION LLC

Ref. Number: L20000127293

We have received your document for ST. CLOUD MEDICAL PLAZA PROPERTY OWNERS ASSOCIATION LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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.

Tekayla T Matthews OPS

Letter Number: 122A00001944

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

RECEIVED

Division of Co	rporations		Krain -
SUBJECT: $\sum_{t=1}^{\infty}$	Cloud MEDICAL	PCAZA PROPERTY O	MOENN/1950 PARON CLO
	Name of Lin	nted Liability Company /	SECRETARY DE STATE TALLAHASSEE, FL
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	1		
	LARL-	Name of Person DICAL PLAZA PROD	<u> </u>
	ST. CLOWD MA	Name of Person DICAL PLAZA PROD	PREFU
	OWNFILS AS	SOCIADION LLC Firm/Company	· /
		Firm/Company	
	131 E 13	B STR.	
		K SVR - Address	
	G. Clark	City/State and Zip Code BACD OL & GMA to be used for future annual report noti	
		City/State and Zip Code	
	KH THEO	BALDOI a) GMA	7L. COM
	E-mail address: (to be used for future annual report noti	fication)
For further information c	concerning this matter, please c	all:	
KARI T	7450KA2	at (<u>467</u>) <u>709 - 0</u> Area Code Daytim	(38)
Name o	Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	_		
⊠ \$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 Registration S		Street Address:	vion
Registration : Division of C		Registration Sec 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

ST. Cioun MEDICAL PLAZA PROPERING OWNERS ASSOCIATION LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	(A Florida Li	nited Liability Company)	·	
The Articles of Florida docume	Organization for this Limited Liability Conent number <u>L 200 00 12 7293</u> .	npany were filed on <u></u>	-/11 /2020	and assigned
This amendmen	nt is submitted to amend the following:			
A. If amendin	ig name, <u>enter the new name of the limited</u>	I liability company her	<u>e</u> :	
			NA	
The new name mu	ist be distinguishable and contain the words "Limited	Liability Company," the des	ignation "LLC" or the a	bbreviation "L.L.C."
	ncipal offices address, if applicable:			
•	ce address MUST BE A STREET ADDRES	20)	NIA	
Enter new ma	iling address, if applicable:			
(Mailing addre	ESS MAY BE A POST OFFICE BOX)		N/A	
agent and/or t	g the registered agent and/or registered of he new registered office address here:	Tice address on our rec	eords, <u>enter the nan</u>	ne of the new registered
avame	of New Registered Agent:		/-//	
<u>New I</u>	Registered Office Address:	Enter Florid	a street address	
			Llarida	
		City	, FIOLIUA	Zij) 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
MGR	DR. JASON SONG	2801 17K ST	□ Add
	(NAME CORRECTION)	2801 17K ST ST. Clow, FL 39769	□Remove
			Change
			
			□Remove
			□Change
			□Add
			□Remove
			🗀 Add
			□Remove
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an effe <u>ote:</u>	ve date, if other than the date of filing: LMMIZDIA-VE (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ent's effective date on the Department of State's records.
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
l is til	
	1/13/2022
d is fil- Dated _	1/13/2022

Filing Fee: \$25.00