# Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number: 110432003053 : (561)694-8107 Fax Number : (561)214-8442

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

Fmail:	Address:			
	AUUI COO.			

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 10:10 GEORGETOWN LLC

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#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

10:10 Georgetown LLC						
(Name of the Lim	(A Florida Limited	iny as it now appears on ( Liability (ompany)	our records.)			
The Articles of Organization for this Limited 1 Florida document number 1.22000088598		were filed on January	20, 2022	and assi	gned	
This amendment is submitted to amend the following	lowing:					
A. If amending name, enter the new name of	of the limited liab	ility company here:				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designa	ation "LLC" or the abbre	viation "L.1		
Enter new principal offices address, if applic	cable:	c/o Montecito Medic	al Real Estate			
(Principal office address MUST BE A STREET ADDRESS)		3807 Cleghorn Ave., Suite 903				
		Nashville, TN 37215				
Enter new mailing address, if applicable:		c/o Montecito Medic	al Real Estate		. <del></del> -	<del></del>
(Mailing address MAY BE A POST OFFICE	BOX)	3807 Cleghorn Ave.,	Suite 903		_	
A	<del></del>	Nashville, TN 37215				
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our record	is, enter the game o	f the new	rezozy AUG	ered
Name of New Registered Agent:	United Agent C	Proup Inc.	<u> </u>		- 50	
New Registered Office Address:	801 US Highwi	ay 1		*. **	9	
		Enter Florida str	reet address		PX	
	North Palm Ber	ach	, Florida 33408	_' i.5	က္သ	ί
	<del></del>	City		Zip Code.	7	-

#### 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.

Lindsay Bell , Special Secretary

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>	Name	Address	Type of Action
MGR	MMPF III VMD-Georgetown TX, LLC	c/o Montecito Medical Real Estate	
		3807 Cleghorn Ave., Suite 903	□Remove
		Nashville, TN 37215	[]Change
AMBR	MMPF III VMD-Georgetown TX, LLC	c/o Montecito Medical Real Estate	
		3807 Cleghorn Ave., Suite 903	□Remove
		Nashville, TN 37215	ClChange
MGR	Dumphy Development LLC	21760 S.R. 54, Suite 102	□Add
		Lutz, FL 33549	
			□Change
AMBR	Dunphy Properties LLC	21760 S.R. 54, Suite 102	DAdd
		Lutz, FL 33549	_
AMBR	SAS Ross Holdings LLC	12824 Dupont Circle	□Add
		Tampa, Fl. 33626	■Remove
		- Wellevin	☐ Change
			□Add
			□Remove
			□Change

. If amending	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
** ***	
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<del></del>	August 8th
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	20
	2024
Effective da	te, if other than the date of filing: (optional)
Note: If the	late is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed effective date on the Department of State's records.
e record spec rd is filed.	ifies a delayed effective date, but not an effective time, at 12:04 a.m. on the earlier of: (b) The 90th day after the
Dated	
	(K Signal)
	Signature of a member or authorized representative of a member
В	ryan Skelton
	Typed or printed name of signee