B798100066

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Control of the Contro
Special Instructions to Filing Officer:

Office Use Only



300388835153

06/14/22-+01004--024 **25.00

RECEIVED

2022 JUN 14 KH

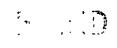
of relistance

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

CORE MEDICAL RI	EAL ESTATE	HOLDINGS		
		 		
				Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
Signature				Vehicle Search
				Driving Record
Requested by: SETH	0.645.4700			UCC 1 or 3 File
	06/14/22			UCC 11 Search
Name	Date	Time		UCC Retrieval
Walk-In Thomasure CA Arco	Will Pick Up			Courier

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2022 JUN 14 AM 9: 32

Zip Code

CORE MEDICAL REAL ESTATE MOLDINGS	•
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)
•	any were filed on 05/05/2022 and assigned
Florida document number L22000188978	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited l	liability company here:
The new name must be distinguishable and contain the words "Limited L	liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS	0
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	4
B. If amending the registered agent and/or registered egistered agent and/or the new registered office address	d office address on our records, <u>enter the name of the</u>
egistered agent and/or the new registered write address	nere .
Name of New Registered Agent:	, <u></u>
New Registered Office Address:	
	Enter Florida street address
	FM - 1.3

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.

City

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>	<u>Address</u>	Type of Action
MGR	CAITLIN GOLDMAN	3333 S. CONGRESS AVE. DELRAY BEACH, FL 33445	Add
			Remove
			☐ Change
MGR 	ISAIAH GOLDMAN	3333 S CONGRESS AVE. DELRAY BEACH, FL 33445	Add
			☐ Remove
			Change
			Add
			Remove
			Remove
			☐ Change
			Remove
			Change
			□ Remove
			□ Change

		.		
<u> </u>				
	<u> </u>			
		· · · · · · · · · · · · · · · · ·		
·				
				
	-			 _
				
Sective date, if other than the done effective date is listed, the date must be tee. If the date inserted in this block cument's effective date on the Dep	k does not meet the applic	cable statutory filing r	(optional): than 90 days after filing.) requirements, this date v	Pursuant to 605.02 will not be listed a
record specifies a delayed of the 90th day after the recor		ot an effective tin	ne, at 12:01 a.m. o	on the earlier
ed	2022			
		orized representative of		

Page 3 of 3

Filing Fee: \$25.00