

6/13/23, 4:03 PM

Division of Corporations

**L 23000125442**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H230002131173)))



H230002131173ABCU

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2023 JUN 14 PM 12:17

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MELBOURNE FL HOLDCO LLC**

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

S. ROBERTS

JUN 15 2023

(((H23000213117 3)))  
**ARTICLES OF AMENDMENT  
 TO  
 ARTICLES OF ORGANIZATION  
 OF**

MELBOURNE FL HOLDCO LLC

(Name of the Limited Liability Company as it now appears on our records.)  
 (A Florida Limited Liability Company)

2023 JUN 14 AM 9:52

The Articles of Organization for this Limited Liability Company were filed on 03/17/2023 and assigned  
 Florida document number 1.23000125442.

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 "FL C."

**Enter new principal offices address, if applicable:**

c/o Lilac Health Group

**(Principal office address MUST BE A STREET ADDRESS)**

2700 Westhall Lane, Suite 235

Maitland, FL 32751

**Enter new mailing address, if applicable:**

c/o Lilac Health Group

**(Mailing address MAY BE A POST OFFICE BOX)**

2700 Westhall Lane, Suite 235

Maitland, FL 32751

**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:

New Registered Office Address:

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_  
 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**

(((H23000213117 3)))  
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>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective 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 605.0207 (3)(b)

**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.

If the record 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 record is filed.

Dated JUNE 13th

2023

Signature of a member or authorized representative of a member

Robert Schoenfeld

Typed or printed name of signee

**Filing Fee: \$25.00**

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