# L23000265545

(F	Requestor's Name)	
(A	Address)	
( <i>p</i>	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
(C	Document Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	

Office Use Only



500429666275

06/04/24--01004--007 \*#25.80

SECRETARY OF SIXT

2024 JUN -4 AM 9: 18
5 TALLAHASSEE FLORIDA

RECEIVED

FILED

# **Department of State Division of Corporations**

## **American Expediting (Stealth Courier)**

1531 Commonwealth Business Dr Suite 105 Tallahassee, FL. 32303 850-294-5632 Date- 6/4/2024

# **Stealth Courier Box**

Requester: Azurede Ross

Company: Onicx MOB Development Fund ME, LLC

Job#: 15327998

#### **COVER LETTER**

· TO:

		ition Sect of Corpo			
Oniex MOI SUBJECT:			Development Fund ME, LLC		
NUBJEC	.1:		Name of Lim	nited Liability Company	50.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
The enclo	osed Arti	cles of A	mendment and fee(s) are sub	omitted for filing.	
Please re	turn all co	orrespone	lence concerning this matter	to the following:	
			Azurede Ross		
				Name of Person	<del></del>
			Meridian Partners Law P.7	۸.	
				Firm/Company	_
			4923 W. Cypress St.		
				Address	_
			Tampa, Fl 33607		
				City/State and Zip Code	_
			azurede@meridianpartnersl		
			E-mail address: (	to be used for future annual report notification)	
For furthe	er inform	ation con	cerning this matter, please ca	all:	
Azurede	Ross			813 443-5260 at ()	
	,	Name of P	erson	Area Code Daytime Telephone Numb	er er
Enclosed	is a chec	k for the	following amount:		
<b>■</b> \$25.0	00 Filing	Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certific (additional copy is enclosed) Certific	rate of Status & ed Copy
	Mailing /	Address: ation Sc	ction	Street Address:	
			porations	Registration Section Division of Corporations	
	P.O. Bo		•	The Centre of Tallahassee	
-	Tallahas	ssee, FL	. 32314	2415 N. Monroe Street, Suite	810

Tallahassee, FL 32303

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

FILED

Onicx MOB Development Fund ME, LLC

2024 JUN -4 AM 9: 18

(Name of the Limited Liability Compar (A Florida Limited L	as it now app ability Compan	y)	TALLAHÁSSEE, FLORIDA
The Articles of Organization for this Limited Liability Company	were filed on	June 2, 2023	and assigned
Florida document number L23000265545			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity compan <u>y</u>	here:	
Onicx Healthcare Real Estate Fund ME LLC			
The new name must be distinguishable and contain the words "Limited Liability and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and C	ity Company," tl	ne designation "l	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			
		<u></u>	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on ou	r records, <u>en</u>	ter the name of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	Enter l	Florida street add	dress
	, Florida		
	Cav		Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as packed being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance rovided for i	of my duties, n Chapter 60	, and I am familiar with and 15, F.S. Or, if this document is

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
			□Add
			□Remove
			[]Change
			🗆 Add
			Remove
			□Change
		<del></del>	□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

### Page 2 of 3

					_
				<u></u>	
<del>-</del>	· · · · · · · · · · · · · · · · · · ·			<del>.</del>	
<del></del>			<u>.</u>		
				TALLAHASS	
<u> </u>		-		- L 24	
	<del></del>			JUN -4	- 1
					7
				DRIE.	NH 9: 18
			-	<del></del>	_
<del></del>					_
				·	
Effective date, if other than th	e date of filing:		(optio	nal)	
If an effective date is listed, the date m Note: If the date inserted in this b	plock does not meet the ap	oplicable statutory filin			
document's effective date on the l	Department of State's rec	ords.			
ne record specifies a delaye	ed effective date, bu	t not an effective t	ime. at 12:01 a	.m. on the ea	rlier o
The 90th day after the re	cord is filed.		•		
May 29 Dated	2024				
	Jun	·			
	CIP				
	Signature of a member or	authorized representative	of a member		

Page 3 of 3