L95000000923

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M. MILLIGAN EXAMINER

DEC 1 0 2014

COVER LETTER

TO: Registration S Division of Co			₹,
SUBJECT: Oak	wood Center, L	C.	
30baec1.	 	nited Liability Company	
The enclosed Articles of	`Amendment and fee(s) are sub	emitted for filing.	
	ondence concerning this matter	_	
	Douglas J. E	Burns	
		Name of Person	
	Douglas J. E	Burns, PA	
		Firm/Company	
	2559 Nurse	ry Road, Suit	te A
		Address	
	Clearwater,	Florida 3376	34
	" 01	City/State and Zip Code	
	dburnspa@tamp	abay.rr.com to be used for future annual re	port notification)
For further information	concerning this matter, please c	•	, and the same of
Deborah A	. Gibson, CP	at (727) 72	25-2553
Name	of Person	Area Code	Daytime Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Oakwood Center, L.C.

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

(A FIOTI	da Limited Liability Company)	The state of the s
The Articles of Organization for this Limited Liability Florida document number L9500000923	Company were filed on	and assigned
This amendment is submitted to amend the following:		·
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and end with the words "L	Limited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad-	istered office address on our recorded dress here:	s, enter the name of the nev
Name of New Registered Agent:	 	
New Registered Office Address:		
	Enter Florida street addres	s
		orida
	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

If amending the Managers or Authorized Member on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member **Title** <u>Name</u> **Address** Type of Action 75 North Queen Street Unit 2 __ Add Pasquale DiCerbo Rosa MBRIM Toronto, Ontario M8Z-2C7 CA Remove 75 North Queen Street Unit 2 Rosa DiCerbo MGRM Toronto, Ontario M8Z 2CZ CA Remove 75 North Queen Street Unit 2 Add Rosa DiCerbo AMBR Toronto, Ontario M8Z 2CZ CA ☐ Remove ☐ Remove ☐ Remove

II amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	•
_	
(The effecti	ve date, if other than the date of filing: (optional) ve date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after his document is filed by the Florida Department of State)
Dated	November 24, 2014.
	MODI - MANAGER
	Signature of a member or authorized representative of a member
	Michele Dicerbo
	Typed or printed name of signee

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Filing Fee: \$25.00

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