

MI5000005097

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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CLERK OF COURT  
TALLAHASSEE, FLORIDA

AUG 30 2017

Y SULKER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 24, 2017

CYNTHIA F SKWIERC, FRP  
4741 MILITARY TRAIL, STE 200  
JUPITER, FL 33458 US

SUBJECT: AW COLUMBIA MEDICAL ARTS, LLC  
Ref. Number: M15000005097

We have received your document for AW COLUMBIA MEDICAL ARTS, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker  
Regulatory Specialist II

Letter Number: 817A00017461

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: AW Columbia Medical Arts, LLC

Enter new principal office address, if applicable: \_\_\_\_\_

(Principal office address  
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address  
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M15000005097

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 06/29/2015

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: AW JFK North Medical Arts, LLC  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

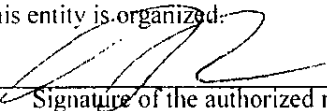
\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized:

  
\_\_\_\_\_  
Signature of the authorized representative

**Brian K. Waxman**

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "AW COLUMBIA MEDICAL ARTS, LLC", CHANGING ITS NAME FROM "AW COLUMBIA MEDICAL ARTS, LLC" TO "AW JFK NORTH MEDICAL ARTS, LLC", FILED IN THIS OFFICE ON THE ELEVENTH DAY OF AUGUST, A.D. 2017, AT 10 O'CLOCK A.M.



  
Jeffrey W. Bullock, Secretary of State

5762025 8100  
SR# 20175689571

Authentication: 203067480  
Date: 08-16-17

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

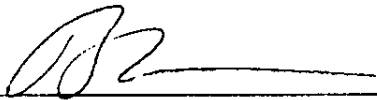
State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 10:00 AM 08/11/2017  
FILED 10:00 AM 08/11/2017  
SR 20175689571 - File Number 5762025

## STATE OF DELAWARE CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: AW COLUMBIA MEDICAL ARTS, LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

The Name of the Limited Liability Company is amended to read as follows: AW JFK NORTH MEDICAL ARTS, LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 8th day of August, A.D. 2017.

By:   
Authorized Person(s)

Name: Brian K. Waxman  
Print or Type