

M23000007498

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

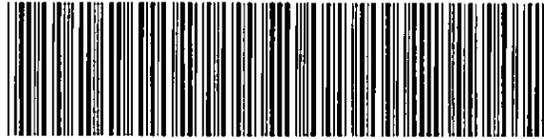
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
JUN - 7 2024

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TALLAHASSEE, FLORIDA

Department of State
Division of Corporations

American Expediting (Stealth Courier)

1531 Commonwealth Business Dr Suite 105

Tallahassee, FL. 32303

850-294-5632

Date- 6/6/2024

Stealth Courier Box

Requester: Azurede Ross

Company: MOD Delevlopment

Job# : 15332957

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Onixx MOB Development Fund, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Azurede Ross

Name of Person

Meridian Partners Law P.A.

Firm/Company

4923 W. Cypress St.

Address

Tampa, FL 33607

City/State and Zip Code

azurede@meridianpartnerslaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Azurede Ross at (813) 443-5260

Name of Person Area Code & Daytime Telephone Number

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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- \$25 Filing Fee \$30 Filing Fee & Certificate of Status \$55 Filing Fee & Certified Copy \$60 Filing Fee, Certificate of Status & Certified Copy

**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: ONICX MOB DEVELOPMENT FUND, 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)**

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2021 JUN -5 PM 9:58

2. The Florida document number of this limited liability company is: M23000007498

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 06/08/2023

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

5. New name of the limited liability company: Onicx Healthcare Real Estate Fund 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:

Thereby 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.

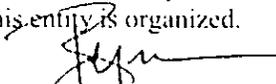
If Changing Registered Agent, Signature of New Registered Agent

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)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Onicx MOB Development Fund ME, LLC	5600 MARINER STREET SUITE 140	<input type="checkbox"/> Add
		TAMPA, FL 33609	<input checked="" type="checkbox"/> Remove
MGR	Onicx Healthcare Real Estate Fund ME LLC	5600 MARINER STREET SUITE 140	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33609	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<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

Bryan W. Sykes / Authorized Representative

Typed or printed name of signee

Filing Fee: \$25.00

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "ONICX MOB DEVELOPMENT FUND, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "ONICX HEALTHCARE REAL ESTATE FUND LLC" ON THE TWENTY-NINTH DAY OF MAY, A.D. 2024, AT 1:34 O`CLOCK P.M.




Jeffrey W. Bullock, Secretary of State

7493868 8320
SR# 20242763000

Authentication: 203631528
Date: 06-04-24

You may verify this certificate online at corp.delaware.gov/authver.shtml