

Division of Corporations

N14891

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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H230004350593ABC+

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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : REZLEGAL, LLC
Account Number : I20140000033
Phone : (904) 685-9321
Fax Number : (904) 567-1066

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: lisa@m3solutionsllc.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN
FLORIDA MEDICAL GROUP MANAGERS ASSOCIATION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$35.00

2023 DEC 22 PM 2:58

2023 DEC 22 AM 11:40

Amend/Name Change

DocuSign Envelope ID: 4C4E3C4D-E7E5-44D1-999E-97628B95B124

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Florida Medical Group Managers Association, Inc.

DOCUMENT NUMBER: N14891

The enclosed *Articles of Amendment* and fee are submitted for filing

Please return all correspondence concerning this matter to the following:

Lisa Beard

(Name of Contact Person)

Healthcare Leaders Association of Florida, Inc.

(Firm/ Company)

4288 Ashington Drive

(Address)

Birmingham, AL 35242

(City/ State and Zip Code)

lisa@m3solutionstlc.com

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

For further information concerning this matter, please call:

Lisa Beard

205

585-4000

at

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed) |
|---|--|---|--|

Mailing Address

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

Street Address

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

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Articles of Amendment
to
Articles of Incorporation
of

Florida Medical Group Managers Association, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

NI4891

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

Healthcare Leaders Association of Florida, Inc.

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:*(Principal office address **MUST BE A STREET ADDRESS**)***C. Enter new mailing address, if applicable:***(Mailing address **MAY BE A POST OFFICE BOX**)***D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**Name of New Registered Agent:New Registered Office Address:*(Florida street address)**(City)*

Florida

*(Zip Code)***New Registered Agent's Signature, if changing Registered Agent:***I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*Signature of New Registered Agent, if changing

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If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>P</u>	<u>Karen McCandless</u>	<u>Memorial Physician Group</u> <u>3329 Johnston St.</u>
<input checked="" type="checkbox"/> Remove			<u>Hollywood, FL 33021</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add	<u>P</u>	<u>Kory Thomas</u>	<u>Gastro Florida</u> <u>3001 Executive Drive, Ste. 130</u>
<input type="checkbox"/> Remove			<u>Clearwater, FL 33762</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP</u>	<u>Mischelle Register</u>	<u>North Florida OBOYN - Baptist II</u> <u>836 Prudential Drive, Ste. 1202</u> <u>Jacksonville, FL 32207</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

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The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

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.

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

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12/21/2023 3:04 PM

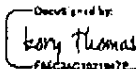
12/21/2023 3:04 PM

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- ☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 12/21/2023

Signature 
Kory Thomas

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Kory Thomas

(Typed or printed name of person signing)

President

(Title of person signing)

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L23000509023

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : ELIAJEK, RUIZ, RODRIGUIZ, ALVEREZ, PLLC DBA ERRA LAW
Account Number : 20030000013
Phone : (305) 444-5969
Fax Number : (786) 532-9173

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: mm@erralaw.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
VE BLUE LAKE APTS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$30.00

Name Change

Electronic Filing Menu

Corporate Filing Menu

Help

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COVER LETTER

H23000439173 3

TO: Registration Section
Division of Corporations

SUBJECT: VE BLUE LAKE APTS, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fcc(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Monique Martino

Name of Person

Erra Law

Firm/Company

2601 S Bayshore Drive 18th Floor

Address

Coconut Grove, FL 33133

City/State and Zip Code

m.m@erralaw.com

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

2023 DEC 27 AM 11:03

For further information concerning this matter, please call:

Monique Martino

at (786-809-2250

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

H23000439173 3

VE BLUE LAKE APTS, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 11-09-2023 and assigned
Florida document number L23000509023

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Vertical Equity Parks 10, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" 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:

(Mailing address MAY BE A POST OFFICE BOX)

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

City

Florida

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

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If amending Authorized Person(s) authorized to manage, enter the title H23000439173-3
or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

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 December 27th, 2023

Signature of a member or authorized representative of a member

Alyssa Ryz.

Typed or printed name of signee

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Filing Fee: \$25.00