

A20000000000033

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JH
08-29-25

07/15/25--07/15/25--07/15/25

FILED
2025 JUL 15 AM 8:59
STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **SHARC Real Estate LTD**

Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Andrew G. Escamilla

Contact Person

SHARC Real Estate LTD

Firm/Company

8613 Old Kings Road South Suite 602

Address

Jacksonville FL 32217

City, State and Zip Code

AEscamilla@jacksonvilleHospitalists.com

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

For further information concerning this matter, please call:

Andrew Escamilla

at (

617

Area Code

5962528

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee

☐ \$61.25 Filing Fee
and Certificate of
Status

☐ \$105.00 Filing Fee
and Certified Copy

☐ \$113.75 Filing Fee.
Certified Copy, and
Certificate of Status

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

**AMENDMENT TO CERTIFICATE OF AUTHORITY
FOR
FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

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1. The name of the limited partnership or limited liability limited partnership as it appears on the records of the Florida Department of State is:
Sharc Real Estate LTD

2. Document Number of Foreign Limited Partnership or Limited Liability Limited Partnership: A20000000033

2. The jurisdiction of its formation is: FL

3. The date the entity was authorized to transact business in Florida is: 1-27-2020

4. If the amendment changes the name of the limited partnership or limited liability limited partnership, enter the new name:

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

(If name unavailable in Florida, enter alternate name adopted for the purpose of transacting business in Florida.)

5. If the amendment changes the general partner(s), list the name and business address of each general partner:

Name:

Business Address:

Shawn Chopra M.D.

8613 Old Kings Road S. #602

☐ Add

☒ Remove

☐ Change

Jacksonville FL 32217

Kevin Crismond

8613 Old Kings Road S. #602

☒ Add

☐ Remove

☐ Change

Jacksonville FL 32217

Andrew Escamilla

8613 Old Kings Road S. #602

☒ Add

☐ Remove

☐ Change

Jacksonville FL 32217

☐ Add

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

7. If the amendment corrects any false statement listed in the application, indicate the statement being corrected and the correction:

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8. If the amendment is to add or delete an election to be a limited liability limited partnership statement, check the appropriate box:

☐ The entity elects to be a limited liability limited partnership.

☐ The entity is no longer a limited liability limited partnership.

9. Attached is an original certificate, no more than 90 days olds, 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.

10. Effective date, if other than the date of filing: 6.30.25 (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.)

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.

Signature of a general partner:

Typed or printed name:

Marc Blatt D.O.

Filing Fee: \$52.50

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75