

L 16000197666

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

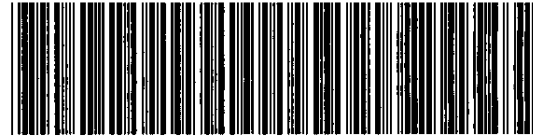
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. SCOTT

MAY 11 2017

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Healthcare Bridge Fund, LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Jessica Shraybman

Name of Person

Salmon Legal Group, PL

Firm/Company

1395 Brickell Ave., Ste. 800

Address

Miami, FL 33131

City/State and Zip Code

jessica@salmonlegal.com

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

For further information concerning this matter, please call:

Jessica Shraybman, Esq.

at (786) 508.2020, ext. 3

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/COURIER ADDRESS:**

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

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SECRETARY OF STATE

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

Healthcare Bridge Fund, 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 10/26/2016 and assigned  
Florida document number L16000197666.

This amendment is submitted to amend the following:

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

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*

\_\_\_\_\_, 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**

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>                    | <u>Address</u>               | <u>Type of Action</u>                      |
|--------------|--------------------------------|------------------------------|--|
| MGR          | Brian H. Bernstein             | 1395 Brickell Ave., Ste. 800 | <input type="checkbox"/> Add               |
|              |                                | Miami, FL 33131              | <input checked="" type="checkbox"/> Remove |
|              |                                |                              | <input type="checkbox"/> Change            |
| MGR          | Harris Bernstein Partners, LLC | 1395 Brickell Ave., Ste. 800 | <input checked="" type="checkbox"/> Add    |
|              |                                | Miami, FL 33131              | <input type="checkbox"/> Remove            |
|              |                                |                              | <input type="checkbox"/> Change            |
|              |                                |                              | <input type="checkbox"/> Add               |
|              |                                |                              | <input type="checkbox"/> Remove            |
|              |                                |                              | <input type="checkbox"/> Change            |
|              |                                |                              | <input type="checkbox"/> Add               |
|              |                                |                              | <input type="checkbox"/> Remove            |
|              |                                |                              | <input type="checkbox"/> Change            |
|              |                                |                              | <input type="checkbox"/> Add               |
|              |                                |                              | <input type="checkbox"/> Remove            |
|              |                                |                              | <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 blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. At the top left corner, there are some faint, dark marks that appear to be ink smudges or small holes. The rest of the page is completely blank.

**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.

(b) The 90th day after the record is filed.

Dated 05/02, 2017

*Shaybman*  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

JESSICA SHRAYMAN, ATTORNEY OF RECORD  
Typed or printed name of signee

Typed or printed name of signee

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