

L17000049770

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

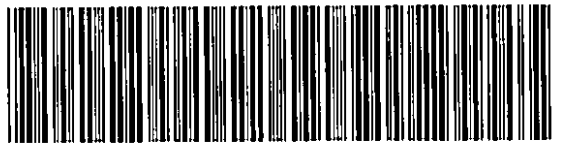
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

BRUCE
AUG 23 2018



3700 Washington Street, Suite 400
Hollywood, FL 33021
(954) 983-3233

August 17, 2018

Ref. Number: L17000049770
Letter Number: 818A00016486

To whom it may concern:

Thank you for your quick response. We requested a name change for HEALTHSTONE FABREGAS CARE CENTER LLC and were initially denied because the new name is similar to an existing company.

The name we requested was Hector Fabregas M.D., L.L.C. This name is similar to Dr. Fabregas' existing practice which is Hector Fabregas, M.D. P.A. which is structured as an S-Corp.

Dr. Fabregas is in the process of restructuring his practice in the legal form of an LLC and as such has filed the new company. For continuity reasons we want to keep the names as similar as possible. The principal in both of these entities is Dr. Fabregas.

If you need any additional information, please let me know..

Thank you,

A handwritten signature in black ink, appearing to read "John Harkins", written in a cursive style.

John Harkins, Administrator

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 9, 2018

JOHN HARKINS
1835 E. HALLANDALE BEACH BLVD., STE 680
HALLANDALE BEACH, FL 33009

SUBJECT: HEALTHSTONE FABREGAS CARE CENTER LLC
Ref. Number: L17000049770

We have received your document for HEALTHSTONE FABREGAS CARE CENTER LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

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.

Deborah Bruce
Corporate Records Supervisor

Letter Number: 818A00016486

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HealthStone Fabregas Care Center 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:

John Harkins
Name of Person
HealthStone Primary Care Partners, LLC
Firm/Company
1835 E. Hallandale Beach Blvd., Suite 680
Address
Hallandale Beach, FL 33009
City/State and Zip Code
john.harkins@healthstonemgmt.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Harkins at 305 323-1698
Name of Person Area Code Daytime Telephone Number

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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

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

HealthStone Fabregas Care Center 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 March 7, 2017 and assigned Florida document number L17000049770.

This amendment is submitted to amend the following:

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

Hector Fabregas M.D., 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)

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TALLAHASSEE FLORIDA

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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Change

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STATE

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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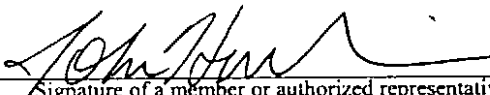
E. Effective date, if other than the date of filing: _____ (optional)

(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 July 25th, 2018



Signature of a member or authorized representative of a member

John Harkins

Typed or printed name of signee