12122023573 From: Kimberly Laughrey

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.

(((H170001089763)))



H170001089763ABC6

T	and the second of the second o	manurum ta 19 fi film (s) (s) by of the his probability should film as an all probability and the side of the sid	The same of the sa
To:	Division of Co	manations	(A.2)
	Division of Co	: (850)617-6383	ří
	TOX Hamber	. (030)017-0303	
From:			= (
	Account Name	: C T CORPORATION SYSTEM	931
	Account Number	: FCA000000023	£
	Phone	: (614)280-3338	∑`
	Fax Number	: (954)208-0845	
		s for this business entity to be uings. Enter only one email address	
Fm:	ail Address:		

G. S. NORTH, LTD.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$52.50

Electronic Filing Menu

Corporate Filing Menu

Help

APR 2 1 2017

Y SULKER

127

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: G.S. North, Ltd.	_
Name of Florida Limited Partnership or Limited Liability Limited Partnersh	ιέρ
The enclosed Certificate of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to:	
Mirtha C. Hanks c/o Law Department	
Contact Person	
West Palm Healthcare Real Estate, Inc.	
Firm/Company	
1445 Ross Avenue, Suite 1400	
Address	
Dallas, TX 75202	
City, State and Zlp Code	
mirtha.hanks@tenethealth.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Mirtha C. Hanks at (469) 893-2701	
Name of Contact Person Area Code and Daytime Telephone Nus	nber
Enclosed is a check for the following amount:	
\$52.50 Filing Fee \$61.25 Filing Fee \$105.00 Filing Fee \$113.75 Filing and Certificate of and Certified Copy Certified Copy, and Certificate of Status	ind
STREET ADDRESS: MAILING ADDRESS:	
Registration Section Registration Section	
Division of Corporations Division of Corporations	
Clifton Building P. O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314	
2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301	

1615

£31

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

	Or		
G. S	. North, Ltd.		
Insert name currently on	file with Florida De	partment of State	_
Pursuant to the provisions of section 620.1202, limited liability limited partnership, whose cert June 30, 1992, assigned Fadopts the following certificate of amendment to	ificate was filed v lorida document	vith the Florida Department on Market Market National Nat	
This amendment is submitted to amend the following	3 :		
A. If amending name, enter the new name of the	limited partners	hip or limited liability limited	<u>partnership</u>
<u>bere</u> :			
New name must be distingu	ishable and contain a	n acceptable suffix.	
Acceptable Limited Partnership suffixes: Limited Partner Acceptable Limited Liability Limited Partnership suffixes B. If amending mailing address and/or print principal office address here:	s: Limited Liability L	imited Partnership, L.L.L.P. or L.L. 🏋	ess and/or
		OF S	282
New Principal Office Address; (Must be STREET address)		Paris .	
New Mailing Address: (May be past office box)		0: 2:	
(May be past affice bax)			_
C. If amending the registered agent and/or registered agent and/or the new registered of	ntered office addro Nec address here:	ess on our records, enter the n	ame of the
Name of New Registered Agent:			
New Registered Office Address:	Enter F	ilorida street address	_
	Appropriate A	. Florida	
	City	Zip Code	_

17

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.

If Changing Registered Agent, Signature of New Registered Agent

D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

<u>Title</u>	Name	Address	Type of Action
G.P.	Tenet West Palm Real ESTATE, INC.	1445 Ross Avenue Suite 1400 Dallas, TX 75202	Add Remove
<u>G.P.</u>	West Palm Healthcare REAL ESTATE, INC.	1445 Ross Avenue Suite 1400 Dallas, TX 75202	_ ☑Add _ ☐Remove
			_ Add. _ Remove
			Add 77 Remove 1988
			Remove
	·		Remove

E. If the limited partnership o	r limited liability	limited partnership	is amending its	"limited liability
limited partnership" status, ent	er change hore:	•	-	•

[]	This Limited Partnership hereby elects to be a	"Limited Liability Limited Partnership."
-----	------------------------------------------------	------------------------------------------

This Limited Partnership hereby removes its "Limited Limited Partnership" status.

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

	ANTONO POR A PART OF THE PART
ffective date, if other than the date of filing:	1
(fective date cannot be prior to nor more than 90 days after the date this docur rte.)	ment is filed by the Florida Department of
gnature(s) of a general partner or all general partners*:	
NOTE: Only one current general partner is required to sign this document unl	lace the limited northership is adding or
moving a "limited liability limited partnership" election statement. Chapter 62 hen adding or removing a "limited liability limited partnership" election statem	20, F.S., requires all general partners to sign
By: West Palm Healthcare Real Estate, Inc General Partner	7
Kushna A. Mack	A 10
Secretary of West Palm Healthcare Real Estate, Inc G.P.	S 8
	100 mm
	3.5
ignature(s) of all new or dissociating general partner(s), if any	1.
lignature(s) of all new or dissociating general partner(s), if any	;
ignature(s) of all new or dissociating general partner(s), if any	
ignature(s) of all new or dissociating general partner(s), if any	
Signature(s) of all new or dissociating general partner(s), if any	
Signature(s) of all new or dissociating general partner(s), if any	
Signature(s) of all new or dissociating general partner(s), if any	
Signature(s) of all new or dissociating general partner(s), if any	
Signature(s) of all new or dissociating general partner(s), if any Filing Fee: \$52.50 Certified Copy (optional): \$52.50	