

6/27/2019

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19542080845 From Ranae McGraw

Division of Corporations

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 : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (614)280-3338
 Fax Number : (954)288-0845

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

Email Address: _____

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION
CARDIAC CATH LAB OF FORT MYERS, LP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$105.00

D SCOTT

JUN 28 2019

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

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:

Cardiac Cath Lab of Fort Myers, LP

2. The jurisdiction of its formation is: _____ Texas

3. The date the entity was authorized to transact business in Florida is: _____ 03/05/2014

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 L.L.L.P.

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

Name:

Business Address:

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:

The Florida street address of the Registered Agent for Service of Process is corrected to
 1200 South Pine Island Road
 Plantation, Florida 33324

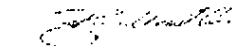
8. If the amendment is to add or delete an election to be a limited liability limited partnership statement, check the appropriate box:

- ☐ 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: _____
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signature of a general partner: Cardiac Cath Lab of Fort Myers, GP, LLC



Typed or printed name:

Bryan Mello, Asst. Treasurer of Cardiac Cath Lab of Fort Myers, GP, LLC

Filing Fee:	\$52.50
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75