

OCT 1 - 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Aventura Heart Center
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:

Robert Rasken

Name of Person

Aventura Heart Center

Firm/Company

2945 Aventura Blvd Suite 249

Address

Aventura, FL 33180

City/State and Zip Code

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

For further information concerning this matter, please call:

Robert Rasken

Name of Person

at (305)

Area Code

932 6061

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 20, 2018

ROBERT RASKEN
AVENTURA HART CENTER
2845 AVENTURA BLVD., SUITE 249
AVENTURA, FL 33180

SUBJECT: AVENTURA HEART CENTER, LLC
Ref. Number: L00000000475

We have received your document for AVENTURA HEART 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):

Your filing is being returned per your request for corrections.

To receive a refund, please submit a signed written request to the attention of the undersigned. Be sure to include the name of the person or entity the check should be made payable to and the address to which it should be mailed. You may mail the request to: Division of Corporations, P. O. Box 6327, Tallahassee, FL 32314 or fax it to my attention at 850-245-6030

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.

Nanette Causseaux
Regulatory Specialist II Supervisor

Letter Number: 018A00019649

*Called 9/28/18
they now want to file
amend.*



David J. Korn, M.D., F.A.C.P., F.A.C.C. **Robert J. Rasken, M.D., F.A.C.C., F.C.C.P.**

2845 Aventura Blvd., Suite 249, Aventura, FL 33180

Phone: 305-932-6081 • Fax: 305-932-6717

ICANL Accredited Nuclear Cardiology & ICAEL Accredited Echocardiography Laboratory

September 19, 2018

To Whom It May Concern:

Re: Aventura Heart Center, LLC and any Fictitious Accounts

We would like to proceed with the original request dated September 14, 2018. Please update our account (L00000000475) and any fictitious account appearing under Aventura Heart Center, LLC (G00004900062) as Dr. David Korn, MD is NO longer with Aventura Heart Center, LLC.

Thank you,

Robert Rasken, MD

A handwritten signature in black ink, appearing to read 'Robert Rasken', with a large, sweeping flourish at the end.

RECEIVED

2018 OCT -1 AM 10:40

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Aventura Heart Center

(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 01/12/2000 and assigned Florida document number L-000000000475

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

Oct. 1. 2018 10:36AM

No. 9395 P. 4

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>
MGRM	David Korn	2545 Aventura Blvd	<input type="checkbox"/> Add
		Suite 249	<input checked="" type="checkbox"/> Remove
		Aventura, FL 33180	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
CLERK
OCT 1 2018
10:36 AM
P. 4

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

[Empty lined area for amendments]

2018 SEP 17 PM 4:19

FILED
CLERK OF COURT
JULY 11 2018

E. Effective date, if other than the date of filing: Sept 19, 2018 (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 Sept 14, 2018

[Signature]
Signature of a member or authorized representative of a member

ROBERT PASKEN M.D.
Typed or printed name of signee