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To:

Division of Corporations

: (850)617-6383

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone Fax Number : (614)280-3338 : (954)208-0845

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

| Email | Address: | | | | |
|-------|----------|-------------|------|-------------|------|
| | | | | | |

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LAKEVIEW HEALTH SYSTEMS, L.L.C.

Resubmission, please keep file date of 12/20/2016

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https://efile.sunbiz.org/scripts/efilcovr.exe

K. SALY

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COVER LETTER

| | gistration Sec vision of Corp | | | | |
|----------------------------|----------------------------------|---|---|--|------|
| י אלינייע פונע לענול אונע. | Lakeview H | lealth Systems, L.L.C. | | | |
| SUBJECT: | | Name of Lim | ited Liability Company | | |
| | | | | | r.c |
| The enclose | d Articles of A | Amendment and fee(s) are sub- | mitted for filing. | | |
| Please return | n all correspon | ndence concerning this matter | to the following: | | |
| | | | | | |
| | | Benjamin Pogany | | The state of the s | |
| | | | Name of Person | | |
| | | Jones Day | | | |
| | | | Firm/Company | | |
| | | 901 Lakeside Ave £ | | | |
| | | | Address | | |
| | | Cleveland, OH 44114 | | | |
| | | | City/State and Zlp Code | and the state of t | |
| | | bpogany@jonesday.com | | | |
| | | | to be used for future annual report notifica- | ation) | |
| For further i | nformation co | oncerning this matter, please ca | all: | | .17. |
| Benjamin P | ogany | | 216 586-7657 | | , |
| | Name of | Person | Area Code Daytime T | elephone Number | |
| Enclosed is | a check for the | e following amount: | | | |
| □ \$25.001 | 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) | |

MARIANG 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**

2016 DEC 20 AM 10: 35
FALLAHASSEE EI STATE

n dy

| LakeviewHealthSystems,L.L.C. | | | | SEE, FLORIDA |
|--|---|--|--------------------------|-----------------------|
| (Name of the Lim | ted Liability Compa (A Florida Limited I | ny as it now appears o Liability Company) | п our records.) | -11/1/3 |
| The Articles of Organization for this Limited E. Florida document number L01000004777 | iability Company | were filed on Marc | h28,2001 | and assigned |
| This amendment is submitted to amend the fol | lowing: | | | |
| A. If amending name, enter the new name of | of the limited liab | lity company here | : | |
| The new name must be distinguishable and contain the | | ity Company," the desig | gnation "LLC" or the a | obbreviation *L.L.C.* |
| Enter new principal offices address, if applia (Principal office address MUST BE A STRE | | | | ii. |
| Trucipal office datasess set 31 HE A STREE | <u> 21 ADDAGSS)</u> | | | |
| Enter new mailing address, if applicable: | | | · | |
| (Mailing address MAY BE A POST OFFICE | BOX) | | | |
| B. If amending the registered agent and registered agent and/or the new registered of | | | our records, <u>ente</u> | r the name of the new |
| Name of New Registered Agent: | CTCorporatio | nSystem | | |
| New Registered Office Address: | 1200SouthPin | | | |
| | | Enter Florida | street address | |
| | Plantation | City | , Florida <u>.</u> 3 | 3324 Zin Cocke |
| | | , | | |

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 amending Authorized Person(s) authorized to mans | age, enter the title, name, and address of each person being added |
|---|--|
| or removed from our records: | 2016 DEC 20 AM |
| MGR = Manager | TASECRETA S. AM 10: 36 |
| AMBR = Authorized Member | TALLAHASSY OF S |

| <u>Title</u> | Name | Address | OF STATETYPE of Action FLORIOA | |
|--------------|-----------------|------------------------------|-----------------------------------|----------------------|
| MGR | Roy Serpa | 1100 Park Central Blvd. | | الوائدة ³ |
| | | Suite 3400 | (**) D | , |
| | | Pompano Beach, Florida 33069 | ☐ Change | |
| MGR | David Powell | 1100 Park Central Blvd. | | |
| | | Suite 3400 | Remove | |
| | | Pompano Beach, Florida 33069 | Change | |
| MGR | Hunter Peterson | 1100 Park Central Blvd. | □ Add | |
| | | Suite 3400 | □ Remove | |
| | | Pompano Beach, Florida 33069 | Change | |
| MGR | Steven Burns | 1100 Park Central Blvd. | | en t |
| | | Suite 3400 | ☐ Remove | |
| | | Pompano Beach, Florida 33069 | ☐ Change | |
| MGR | Jack Cardwell | 1100 Park Central Blvd. | | |
| | | Suite 3400 | □ Remove | |
| | | Pompano Beach, Florida 33069 | Change | |
| CFO | Richard Cooper | 1100 Park Central Blvd. | | |
| | | Suite 3400 | ☐ Remave | |
| | | Pompano Beach, Florida 33069 | ☐ Change | |

| Page 7 of 7 | 2016-12-21 16:37:21 CST | 12122023573 From: Kimberly Laug |
|--|---|--|
| D. If amending any other in Article II. Duration | 2016-12-21 16:37:21 CST Iformation, enter change(s) here: (Attach additional company shall have perpetual existence. | al sheets, if necessary.) [LED] |
| The limited liability of | onipany shall have perpetual existence. | SCOULE 20 AM ID: 22 |
| | | TALLAHASET OF STATE |
| | | SEF FLORIOR |
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| - 72, | | |
| | | |
| E. Effective date, if other th | an the date of filing: | (optional) |
| Note: If the date inserted in | or this block does not meet the applicable statutory filing re | than 90 days after filing.) Pursuant to 605,0207 (3)(b) equirements, this date will not be listed as the |
| document's effective date o | n the Department of State's records. | |
| If the record specifies a d (b) The 90th day after t | elayed effective date, but not an effective tim ne record is filed. | ne, at 12:01 a.m. on the earlier of: |
| Dated Decem | ber 20 2016 | |
| d' | hela R. Peter | |
| | Signature of a member or authorized representative of | a member |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00