L02000012477

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COVER LETTER

TO:

Registration Section
Division of Corporations

SURIECT

Heartland Oncology Partners, 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:

Eric L. Saunders

Name of Person

Heartland Oncology Partners, LLC

Firm/Company

PO Box 1031

Address

Orlando, FL 32802

City/State and Zip Code

elsaunders721@cfl.rr.com

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

For further information concerning this matter, please call:

Sandra Sollaccio

at (407) 872-7786

Name of Person

Area Code & 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Heartland Oncology Partners, 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 Lia	bility Company were filed on 5/22/2002	and assigned
Florida document number L02000012477	·	ZOI3 OCT
This amendment is submitted to amend the follow	ving:	第 5 「
A. If amending name, enter the new name of t	the limited liability company here:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," the des	signation "LLC" or the abbreviation
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	-
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>ox)</u>	
B. If amending the registered agent and/or registered agent and/or the new registered offi	registered office address on our record ce address here:	s, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	street address
	F	lorida
	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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u> <u>T</u>	ype of Action
MGRM	Alvaro Alvarez-Farinetti	71 Hammock Beach Circle	✓Add
		N. Palm Coast, FL 32137	Remove
MGRM	Birkhard Weppelmann	9164 Point Cypress Drive	Add
		Orlando, FL 32836	Remove
MGRM	Michael Pirkowski	2465 Alaqua Drive	Add
		Longwood, FL 32779	Remove
		TALL ALL ALL	Add Remeve
		25 25 27 27 28 28 28	ILED Add
			Remove
			Add
			Remove

). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ated	OCTOBER 6, 2013.
	amorden
	Signature of a member or authorized representative of a member
	ERIC SAUNDERS
	Typed or printed name of signee
	D 2 62

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Filing Fee: \$25.00

FILED
2013 OCT 15 AHII: 52