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SECHETARY OF STATIONS
DIVISION OF CORPORATIONS
113 FEB - 7 AM 8: 46

C. LEWIS
FEB - 8 2013
EXAMINER

## **COVER LETTER**

Division of Corporations
SUBJECT: Intracoastal CardioThoracic Surgery LCC  Name of Limited Liability Company
A IA
The enclosed Articles of Amendment and fee(s) are submitted for filing.  Amendment 4 2012
Please return all correspondence concerning this matter to the following:
William Heiman Name of Person
Intracocstal Cardio Thoracic Sugery LCC
3370 Bunshd # 102
Palm Beach Cardens FL 334/0 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Candy Wavren at (56/) 694-691/ Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)  □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, 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

V 2012 FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2013 FEB - 7 AM 8: 46

Zip Code

O	F	2813 FEB -7 AM 8: 4
(A Florida Limited L The Articles of Organization for this Limited Liability Company	in Land	UC
Florida document number <u>L0300003757</u> ./	,	, ,
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the designation	on "LLC" or the abbreviation
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	10/14	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ter the name of the new
Name of New Registered Agent:	NA	
New Registered Office Address:	Enter Florida stree	et address
	Florid	la

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.

City

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

SECRETARY OF STATE

SECRETARY OF STATE DIVISION OF CORPORATIONS

MGR = Manager MGRM = Managing Member

2013 FEB -7 AM 8: 46

Title	Name	Address	Type of Action
MGRM	Nina S. Heitman	3370 Burns Rd #102	Add
		3370 Burns Rd #102 Palm Beach Gardens FL 33410	Remove
		33410	
			Add
			Remove
	/		Add
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Dated _	May 1 2017 1	_	
Daicu _	Della det		
	Signature of a member of authorized representative of a member  Of Character authorized representative of a member  Typed or printed name of signee		<del></del>
	Page 3 of 3		

Filing Fee: \$25.00