

1030000 50875

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

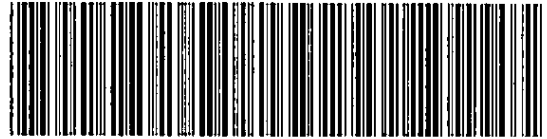
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

6422-



100330247781

05/14/19--01011--009 **35.00

FILED

2019 AUG -5 PM 5:55

C. GOLDEN

AUG - 6 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Health Excellence, 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:

Mary Valdes

Name of Person

Health Excellence, LLC

Firm/Company

2500 S.W. 75th Avenue

Address

Miami, Florida 33155

City/State and Zip Code

mvaldes@westchesterhospital.com

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

For further information concerning this matter, please call:

Mary Valdes	305	264-5252 ext 1700
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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 20, 2019

MARY VALDES
2500 SW 75TH AVENUE
MIAMI, FL 33155

SUBJECT: HEALTH EXCELLENCE, L.L.C.
Ref. Number: L03000050875

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

If you are changing the registered agents name please remove "CFO" from the name; if you are adding ERIKA as the CFO you must make that change on page 2.

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) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 619A00014786

2019 AUG -5 PM 2:07

RECEIVED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 26, 2019

MARY VALDES
2500 SW 75TH AVENUE
MIAMI, FL 33155

SUBJECT: HEALTH EXCELLENCE, L.L.C.
Ref. Number: L03000050875

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document submitted cannot be filed to make changes in the officers/directors of a corporation. Enclosed is the correct form for making these changes.

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) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 219A00013018

RECEIVED

2019 JUL 19 PM 12:38

SECTION 100
TALLAHASSEE, FL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Health Excellence, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2019 AUG -5 PM 5:55

The Articles of Organization for this Limited Liability Company were filed on 12/08/2003 and assigned
Florida document number L03000050875.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Not Applicable

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:

Not 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:

Erika Ledezma,

New Registered Office Address:

2500 S.W. 75th Avenue

Enter Florida street address

Miami

City

Florida 33155

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

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>
CFO	Rafael Valdes	2500 S.W. 75th Avenue	<input type="checkbox"/> Add
		Miami, Florida 33155	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
CFO	Erika Ledezma	2500 S.W. 75th Avenue	<input checked="" type="checkbox"/> Add
		Miami, Florida 33155	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Not Applicable

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

E. Effective date, if other than the date of filing: _____ (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 7-15, 2019

[Signature]

Signature of a member or authorized representative of a member

Rodolfo Garcia

Typed or printed name of signee