

L04000082339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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WAIT

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MAIL

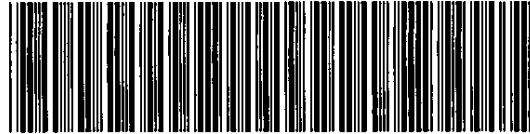
(Business Entity Name)

(Document Number)

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2017 APR 17 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

APR 19 2017

TOMMY D. PERMENTER, JR.



BELLWETHER PROFESSIONAL PARK
2201 S.E. 30TH AVENUE, SUITE 202
OCALA, FLORIDA 34471

TELEPHONE
(352) 622-1811
FACSIMILE
(352) 622-1866
EMAIL
TOMMY@PERMENTERLAW.COM

April 12, 2017

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: Cardiovascular Insights, LLC
Our File No.: 17-0030

Ladies and Gentlemen:

Enclosed please find Articles of Amendment to Articles of Organization of Cardiovascular Insights, LLC, for filing.

Also, enclosed is my firm's check in the amount of \$25.00 representing the filing fee.

Thank you for your assistance in this matter, and if you have any questions, please do not hesitate to contact my office.

Sincerely,

THE PERMENTER LAW FIRM, P.A.

Tommy D. Permenter, Jr.,

TDP/am
Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Cardiovascular Insights, 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:

Tommy D. Permenter, Jr., Esquire

Name of Person

The Permenter Law Firm, P.A.

Firm/Company

2201 S.E. 30th Avenue, Suite 202

Address

Ocala, Florida 34471

City/State and Zip Code

Tommy@Permenterlaw.com

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

For further information concerning this matter, please call:

Tommy D. Permenter, Jr., Esquire

352 622-1811

at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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TALLAHASSEE, FLORIDA
ds.

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

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>
MGR	Charles W. Reed, II	2158 Laurel Run Drive	<input checked="" type="checkbox"/> Add
		Ocala, Florida 34471	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Charles W. Reed	109 S.E. 1st Avenue	<input type="checkbox"/> Add
		Ocala, Florida 34471	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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TALLAHASSEE, FLORIDA

2017 APR 11
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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

(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)

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 April 4, 2017

Charles W. Reed, II

Typed or printed name of signee