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FILED 2011 APR 17 PM 1: OF SECRETARY OF STATE

K. SALY APR 1 9 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**

	Registration Division of C	n Section Corporations	
CHDIEC	Cardiov	vascular Insights, LLC	
SUBJEC	1:	Name of Limited Liability Company	
The enclo	sed Articles	s of Amendment and fee(s) are submitted for filing.	
Please ret	urn all corre	espondence 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 furthe	r informatio	on concerning this matter, please call:	
Tommy D		er, Jr., Esquire  at ()  Area Code  Daytime Telephone Number	
	Natr	me of Person Area Code Daytime Telephone Number	
Enclosed	is a check fo	for the following amount:	
\$25.0	0 Filing Fee	Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  S60.00 Filing Fee & Certificate of Status  Certified Copy (additional copy is enclosed)	atus &

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

FILED
2017 APR 17 PM 11 02
TALLAHASSEE, FLORE

Cardiovascular Insights, LLC

company has been notified in writing of this change.

(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 L Florida document number L04000082339	iability Company	were filed on July	y 15, 2013	and assigned
This amendment is submitted to amend the foll-	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company he	re:	
BR & LR Management, LLC				
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the de	esignation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applic	able:	2158 Laurel Rur	n Drive	
(Principal office address MUST BE A STREE		Ocala, Florida 3	4471	
Enter new mailing address, if applicable:	nailing address, if applicable:		1 Drive	
Jailing address MAY BE A POST OFFICE BOX)		Ocala, Florida 3	4471	
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:		<u>e</u> :	our records, enter	the name of the new
New Registered Office Address:	2158 Laurel Ru	ın Drive		
New Registered Office Address.		Enter Flor	ida street address	
	Ocala		, Florida <sup>34</sup>	471
		City	, 2 1711444	Zip Code
New Registered Agent's Signature, if changing I	Registered Agent:			

If Changing Registered Agent, Signature of New 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

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>	Address	Type of Action
MGR	Charles W. Reed, II	2158 Laurel Run Drive	<u></u>
		Ocala, Florida 34471	□ Remove
			Change
MGR	Charles W. Reed	109 S.E. 1st Avenue	Add
		Ocala, Florida 34471	☑ Remove
			Change
			To Remove
			☐ Change
			Remove
			□ Change
			Add
			Remove

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Filing Fee: \$25.00