

LOS000086192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

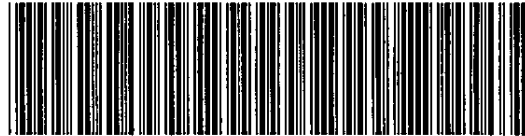
(Document Number)

Certified Copies _____ Certificates of Status _____

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2015 OCT 26 P 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 27 2015

S MASON



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 12, 2015

PATRICK HENRY TYRANCE, M.D.
20800 BISCAYNE BOULEVARD
AVENTURA, FL 33180

SUBJECT: APPLE MEDICAL CENTER, LLC
Ref. Number: L05000086192

We have received your document for APPLE MEDICAL CENTER, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

You may comply with this request via fax. Please fax correction(s) to the attention of the undersigned examiner at 850-245-6030.

Please return 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) 245-6051.

Stacey M Mason
Regulatory Specialist II

Letter Number: 715A00021567

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: APPLE MEDICAL CENTER 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:

RECEIVED
15 OCT 27 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

GREGORY CHAD LOVAAS
Name of Person

APPLE MEDICAL CENTER, LLC
Firm/Company

20800 BISCAYNE BOULEVARD
Address

AVENTURA, FLORIDA 33180
City/State and Zip Code

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

For further information concerning this matter, please call:

MICHAEL LIMOND, ADMIN at (305) 935-3333
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

APPLE MEDICAL CENTER, 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 Liability Company were filed on August 30, 2005 and assigned
Florida document number L 05000086192.

This amendment is submitted to amend the following:

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

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:

(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:

New Registered Office Address:

Enter Florida street address

City

Florida

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:

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TALLAHASSEE, FLORIDA

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being add or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	DAVID LEHRMAN, M.D.	20800 BISCAYNE BLVD.	<input type="checkbox"/> Add
		Aventura	<input checked="" type="checkbox"/> Remove
		FLORIDA 33180	<input type="checkbox"/> Change
MGR	GREGORY CHAD LOVAAS, M.D.	20800 Biscayne Blvd	<input checked="" type="checkbox"/> Add
		Aventura	<input type="checkbox"/> Remove
		FLORIDA 33180	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 TREASURER OF FLORIDA

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

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 October 27, 2015

Michael Limond, administrator

Signature of a member or authorized representative of a member

MICHAEL LIMOND, ADMIN.

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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