



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : TAVISTOCK DEVELOPMENT
Account Number : I20170000084
Phone : (407)909-9957
Fax Number : (407)909-9957

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LAKE NONA MEDICAL CITY, LLC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$25.00 |

2019 NOV 13 03:49:02

2019 NOV 13 P 1:40

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lake Nona Medical City, 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:

Michelle Dadisman

Name of Person

Tavistock Financial, LLC

Firm/Company

9350 Conroy Windermere Road

Address

Windermere, FL 34786

City/State and Zip Code

michelle.dadisman@tavistock.com

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

For further information concerning this matter, please call:

Michelle Dadisman

407

909-9957

at ()

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
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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> |
|--------------|--------------------|----------------------------|--|
| VP, T | Jeffrey S. Smith | 6900 Tavistock Lakes Blvd. | <input type="checkbox"/> Add |
| | | Suite 200 | <input checked="" type="checkbox"/> Remove |
| | | Orlando, FL 32827 | <input type="checkbox"/> Change |
| VP, T | Benjamin A. Weaver | 6900 Tavistock Lakes Blvd. | <input checked="" type="checkbox"/> Add |
| | | Suite 200 | <input type="checkbox"/> Remove |
| | | Orlando, FL 32827 | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

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

[illegible]

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 November 13, 2019

 Signat:

Signature of a member or authorized representative of a member

Michelle R. Rencoret, Vice President

Typed or printed name of signee