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TO MAY 17 PH 2:57

T. HAMPTON

MAY 18 2010

EXAMINER

## **COVER LETTER**

Division of Corporations						
SUBJECT: Macdil 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:						
Albert E. Ford Name of Person						
Macdill Medical Center LLC						
3434 W. Columbus Dr. Swite 106						
Tampa FL 33607 City/State and Zip Code						
horizoniniurycenter@yanov.com E-mail address: (whe used for future annual report dotification)						
For further information concerning this matter, please call:						
Name of Person at (813) 877-9870  Area Code & Daytime Telephone Number						
Enclosed is a check for the following amount:						
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\ \text{Certified Copy}\$\$ (additional copy is enclosed) \$\ \text{Certified Copy}\$\$  Certified Copy						

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

(additional copy is enclosed)

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Macdill Medica	el Center	LLC		
( <u>Name of the Limited Liability Con</u> (A Florida Limit	<mark>npany as it now appears or</mark> ed Liability Company)	ı our records.)		S N
The Articles of Organization for this Limited Liability Comp	any were filed on5	-12-10 a	nd asseg	ned A
Florida document number <u>L 100000-51178</u> .			17	w Ar
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited	liability company here:		PM 2:57	SHARVATION OF STATE
	Mer, LLC Limited Liability Company,			oreviation
Enter new principal offices address, if applicable:	3434 W.	columbus	Dr.	
(Principal office address MUST BE A STREET ADDRESS	<b>~</b> ` 1	<b>D</b> (p		
	-Tampa,	FL 33607		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		records, enter the n	ame of	the new
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florida			
<del></del>	City	Ziį	n 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Ms $MGRM = 1$	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add ☐ Remove
			□ Domesius
			<u></u>
			AddRemove
D. If amer	nding any other information, e	enter change(s) here: (Attach additional sheets, if necessity)	essary.)
			SEGRETATION OF THE PROPERTY IT
			PH 2:57
Dated	···	tup	T WS
	$\sim$	of a member of authorized representative of a member  Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00