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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
AUG 17 2011
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: REVIVE 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:

GRETEL M HERNANDEZ

Name of Person

REVIVE MEDICAL CENTER LLC

Firm/Company

12185 W LINEBAUGH AVE

Address

TAMPA FL 33626

City/State and Zip Code

PHOENIXBPG@MSN.COM

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

For further information concerning this matter, please call:

GRETEL M. HERNANDEZ

Name of Person

at (813)

506-2409

Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

REVIVE 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 10-27-2010 and assigned
Florida document number L10000112144.

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 end with 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)

6410 N GANDY AVE APT A

TAMPA FL 33614

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6410 N GANDY AVE APT A

TAMPA FL 33614

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TALLAHASSEE, FLORIDA

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:

GRETEL M HERNANDEZ

New Registered Office Address:

6410 N GANDY AVE APT A

Enter Florida street address

TAMPA

Florida

33614

City

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 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 = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ROLANDO FONSECA	12185 W LINEBAUGH AVE TAMPA FL 33626	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	WILLIAM N RIVERA	12185 W LINEBAUGH AVE TAMPA FL 33626	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	GRETEL M HERNANDEZ	6410 N GANDY AAVE APT A TAMPA FL 33614	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated AUGUST 11TH., 2011



Signature of a member or authorized representative of a member
ROLANDO FONSECA

Typed or printed name of signee

11 AUG 16 PM 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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