

L11 0000 42248

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

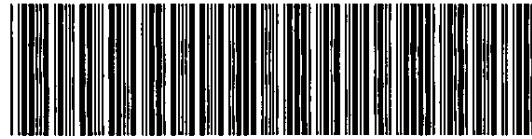
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Stivers APR 04 2014

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 11, 2014

JOSEPH N DEVERA, ESQ
3400 CORAL WAY 2ND FLOOR
MIAMI, FL 33145

SUBJECT: CONTINUE HEALTHCARE, L.L.C.
Ref. Number: L11000042245

We have received your document for CONTINUE HEALTHCARE, L.L.C. and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return the corrected original and one copy of your document, along with 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 114A00003092

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Continue Healthcare, L.L.C.
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:

Joseph N. De Vera, Esq.

Name of Person

Managed Healthcare Partners, L.L.C.

Firm/Company

3400 Coral Way, 2nd Floor

Address

Miami, FL 33145

City/State and Zip Code

jdevera@mhpmed.com

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

For further information concerning this matter, please call:

Joseph N. De Vera

Name of Person

at (786)

Area Code

200-8305

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

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

(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 4/8/2011 and assigned Florida document number L11000042245.

This amendment is submitted to amend the following:

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

Caremax Medical Center of Homestead, L.L.C.

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

filed

Same as current address

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

filed

Same as current address

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:

N/A Same as filed

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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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

N/A

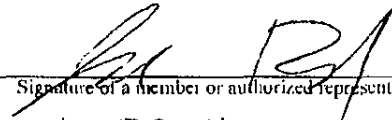
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 2/24, 14



Signature of a member or authorized representative of a member
Joseph De Vera

Typed or printed name of signer

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Filing Fee: \$25.00

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