

L11000056185

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

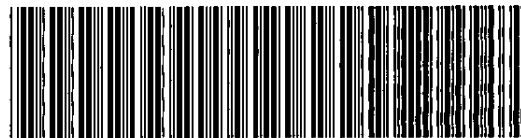
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

DEC 15 2011

EXAMINER

COVER LETTER

TO: Registration Section +
Division of Corporations

SUBJECT: IHospital of New York, 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:

BRENDEN R. CRAMPTON

Name of Person

IHOSPITAL, LLC

Firm/Company

4530 W KENNEDY BLVD

Address

TAMPA, FLORIDA 33609

City/State and Zip Code

BRENDEN@THEIHOSPITAL.COM

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

For further information concerning this matter, please call:

BRENDEN R. CRAMPTON

Name of Person

at (813)

286-2120

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

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

FILED

2011 DEC 14 AM 10:48

I HOSPITAL OF NEW YORK, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 05/12/2011 and assigned
Florida document number L11000056185.

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)

4530 W KENNEDY BLVD

TAMPA, FLORIDA 33609

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4530 W KENNEDY BLVD

TAMPA, FLORIDA 33609

**B. If amending the registered agent and/or registered office address on our records, enter the name of the n
registered agent and/or the new registered office address here:**

Name of New Registered Agent:

BRENDEN R. CRAMPTON

New Registered Office Address:

4530 W KENNEDY BLVD

Enter Florida street address

TAMPA

City

Florida

33609

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	DONALD W. EDWARDS	688 KEY ROYALE DR. HOLMES BEACH, FLORIDA 34218	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	ROSS J. NEWMAN	4530 W KENNEDY BLVD TAMPA, FLORIDA 33609	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated 12th OF DECEMBER, 2011.

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 2011 DEC 14 AM 10:48
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Signature of a member or authorized representative of a member

BRENDEN R. CRAMPTON

Typed or printed name of signee