

L12000011315

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch APR 24 2014

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **Transmed of South Broward, 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:

Christine Worthen, Esq.

Name of Person

Broad and Cassel

Firm/Company

One Financial Plaza, Suite 2700

Address

Fort Lauderdale, FL 33394

City/State and Zip Code

CWorthen@broadandcassel.com

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

For further information concerning this matter, please call:

Christine Worthen, Esq.

Name of Person

at (**954**) **764-7060**

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**

Transmed of South Broward, 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 01/24/2012 and assigned
Florida document number L12000011315.

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)

6517 Taft St.

Suite 101

Hollywood, FL 33024

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6517 Taft St.

Suite 101

Hollywood, FL 33024

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: Broad and Cassel

New Registered Office Address: One Financial Plaza, Suite 2700

Enter Florida street address

Fort Lauderdale, Florida 33394

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 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

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Issa, Moises MD	601 N. Flamingo Rd.	<input type="checkbox"/> Add
		Suite 315-A	<input checked="" type="checkbox"/> Remove
		Pembroke Pines, FL 33028	
MGR	Fernandez-Blay, Roberto MD	601 N. Flamingo Rd.	<input type="checkbox"/> Add
		Suite 315-A	<input checked="" type="checkbox"/> Remove
		Pembroke Pines, FL 33028	
			<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

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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)
(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated April 10, 2014

Signature of a member or authorized representative of a member

Moises Issa, M.D.

Typed or printed name of signee

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Filing Fee: \$25.00

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