

L12000016163

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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MAR 28 2012

EXAMINER



500225758445

03/27/12--01025--004 **25.00

FILED
12 MAR 27 AM 10:58
RECEIVED
TALLAHASSEE, FLORIDA

Lorven Heart & Vascular Institute

1609 SW 17th Street

Ocala, FL 34471

(352)401-9888

March 26, 2012

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

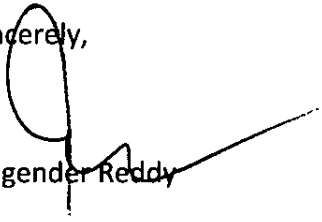
Re: L12000016163

To Whom It May Concern:

Enclosed please find the amendment to change from a PLLC to an LLC. As discussed on the telephone, please void the previously submitted conversion that was incorrectly filed. Please refund the difference between the conversion fee previously submitted and the amendment fee and mail to: Lorven Heart & Vascular Institute, 1609 SW 17th Street, Ocala, FL 34471.

Thank you for your assistance.

Sincerely,


Nagender Reddy

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Lorven Heart & Vascular Institute, 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:

Dawn Tottel

Name of Person

Lorven Heart & Vascular Institute, LLC

Firm/Company

1609 SW 17th Street

Address

Ocala, FL 34471

City/State and Zip Code

dtottel@aol.com

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

For further information concerning this matter, please call:

Dawn Tottel

Name of Person

at (352)

843-8577

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**

Lorven Heart and Vascular Institute, PLLC

(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 01/31/2012 and assigned
Florida document number L12000016163.

This amendment is submitted to amend the following:

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

Lorven Heart and Vascular Institute, LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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SECRETARY OF STATE
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:

New Registered Office Address:

Enter Florida street address

_____, Florida

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>
_____	_____	_____	☐ Add
		_____	☐ Remove

_____	_____	_____	☐ Add
		_____	☐ Remove

_____	_____	_____	☐ Add
		_____	☐ Remove

_____	_____	_____	☐ Add
		_____	☐ Remove

_____	_____	_____	☐ Add
		_____	☐ Remove

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

Dated March 26, 2012.

Signature of a member or authorized representative of a member

Nagender Reddy

Typed or printed name of signee