

LIZ COCCO 69448

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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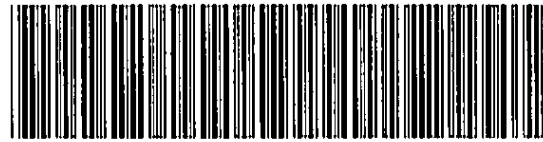
(Business Entity Name)

(Document Number)

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MAY 18 2020

2020 MAY 18 PM 4:45

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JUN - 5 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KELLER SIMON HEALTHCARE ASSOCIATES 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:

RAMSEY KAY PEVSNER PA
Name of Person

Firm/Company

7469 NW 4TH STREET
Address

PLANTATION FL 33317
City/State and Zip Code

RPevsner@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OFFICE MANAGER at (954) 792-0772
Name of Person 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

May. 7. 2020 10:47AM

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

2020 May 10 PM 4:46

KELLER SIMON HEALTHCARE & ASSOCIATES 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 6/1/2012 and assigned

Florida document number L12000669448

This amendment is submitted to amend the following:

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

KELLER SIMON PEVSNER HEALTHCARE & ASSOCIATES LLC

The new name must be distinguishable and contain 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)

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 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

No. 1349 P. 5/10

MGR - Manager
AMBR - Authorized Member

MGR RAMSEY KAY PEVSNER PA 7469 NW 4TH ST PLANTATION, FL 33317 ☒ Add

☐ Remove☐ Changes☐ Add☐ Remove☐ Change☐ Remove☐ Change☐ Add

 Remove

☐ Change

 Add

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No. 1343 P. 6/10

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated X 5/7/2020:

X Patricia
Signature of a member or authorized representative of a member

X Nathaniel Keller, MD
Typed or printed name of signee