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C GOLDEN
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## **COVER LETTER**

TO: Registration Section of Corp.			
SUBJECT: KELLER SIMON HERLIHCARE YASSOCIATES LA Name of Umited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  RAPPES HAY PELSNER PA Name of Person  Firm/Company  7469 NW 474 STREET  Address  PLAINTATION FL 33317  Clystane and Zip Code  For further information concerning this matter, please call:  UFFICE MANAGEA at 459, 792-0772  Name of Person  Enclosed is a check for the following amount:    S25.00 Filing Fee   \$30.00 Filing Fee &   \$55.00 Filing Fee &   \$60.00 Filing Fee,			
The enclosed Articles of A	Direct: KELLER SIMON HERLTHCARE YASSOCIATES LLC  Name of Limited Liability Company  conclused Articles of Amendment and fee(a) are submitted for filing.  so return all correspondence concerning this matter to the following:  RAPPES HAY PENNER PA  Name of Person  Firm/Company  746 9 NUN 474 STREET  Address  PLANTATION FL 33317  City/Since and Zip Code  PLANTATION FL 3772  Address  Author information concerning this matter, please call:  UFFICE MANKGER at 454  Name of Person  Area Code Daydras Telephone Number  100ed is a check for the following amount:  \$255.00 Filing Fee		
Pleaso return all correspon	dence concerning this matter t	to the following:	
	R AMSES A	AN PENSNER Name of Person	PA
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		Firm/Compeny	
	74	69 NW 4TH Address	STREGT
	PLANT	ATION FL 333	3/7
	PREVIONAL PROPERTY (I	to be used for future annual report notice	fication)
For further information co	nocraing this metter, please cr	all:	
UFFICE	MANAGER	954 792-	0772.
Name of	Division of Cerporations  CCT: KELLER SIMON HEALTHCARE YASSOCIAFES LLC  Name of Umited Liebility Company  Percent all correspondence concerning this matter to the following:  REPORT HAY PEVENER PA  Name of Person  Printy Company  746 9 NW 4 <sup>TH</sup> STREET  Address  PLANTATION FL 33317  Clay/Since and Zip Code  PRINCE COMPANIES (to be bild for fulters amount report notification)  ther information concerning this matter, please call:  UFFICE MANNGER at 455.00 Filing Fee & \$560.00 Filing Fee.		
Enclosed is a check for the	o following amount:		
□ \$25.00 Filing Fee	_	•	

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

(additional copy is enclosed)

No. 1349 P. 4/10

May. 7. 2020 10:47AM

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Solo er	le	P:;	4:	46
			ι-	- 1

NELLER SIMON (Name of the Limited Limbility Company (A Florida Limited L	N HEALTHCARE & 17550CLATES LL av as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	
Florida document number L12000669448	1 1
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
KELLER SIMON PEVSNER	1+EALTH CARE & ASSOCIATES LLC
The new name must be distinguishable and contain the words "Limited Liabil	licy 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 MAX BE A POST OFFICE BOX)	
R. 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 oddress
	, Florida
New Registered Agent's Signature, if changing Registered Agent	
I hereby accept the appointment as registered agent and agi provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	provided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

- May: 7. 2020 10:47AM

No. 1349 P. 5/10

If amending Authorized Person(s) authorized to manage, enter the fittle, name, and address of each person being added or removed from our records:

MGR - Manager AMBR - Authorized Member

Title	Name		<u>Ad</u> dress	Type of Action
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record spec I is filed.	ifies a delayed effective	date, but not an effec	tive time, at 12:01 i	m, on the earlier	of: (b) The 90th day a	iffer the
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