

L12000144758

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

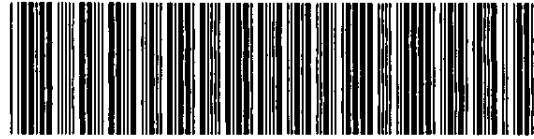
(Document Number)

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FALL ARK. DIST. CT. CLERK

J. SAULSBERRY
EXAMINER

MAR 13 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ENVISTA HEALTH, L.L.C.

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:

CHERYL HAMILTON

Name of Person

ENVISTA HEALTH, L.L.C.

Firm/Company

1810 W KENNEDY BLVD

Address

TAMPA, FL 33606

City/State and Zip Code

CHERYL.HAMILTON@ENVISTAHEALTH.COM

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

For further information concerning this matter, please call:

CHERYL HAMILTON

Name of Person

at (813) 785-9294

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

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STATE
TALLAHASSEE, FL 32301

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ENVISTA HEALTH, L.L.C.

Page 1 of 3

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>
MGRM	AV HEALTHCARE HOLDINGS, INC	2310 FAIRWAY ESTATE COURT	<input checked="" type="checkbox"/> Add
		VALRICO, FL 33596	<input type="checkbox"/> Remove
MGRM	ENVIRONS HEALTH, INC	2709 W. TRILBY AVE	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33611	<input type="checkbox"/> Remove
MGRM	CHERYL HAMILTON	2709 W. TRILBY AVE	<input type="checkbox"/> Add
		TAMPA, FL 33611	<input checked="" 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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 DEPT OF STATE
 TALLAHASSEE, FLORIDA

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

Dated _____



Signature of a member or authorized representative of a member

CHERYL HAMILTON

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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NOTARY OF STATE
TALLAHASSEE, FL 32304