

# L13000068074

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

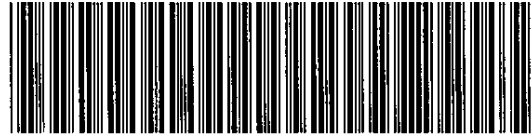
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Guilgan AUG - 7 2014

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: HEALTHCARE PARTNERS, 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:

NELSON KRAUCAK

Name of Person

HEALTHCARE PARTNERS, LLC

Firm/Company

1501 US Hwy 441 N, Suite 1704

Address

The Villages, FL 32159

City/State and Zip Code

nkraucak@md-one.net

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

For further information concerning this matter, please call:

NELSON KRAUCAK

Name of Person

at ( 352 ) 750-4333

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

FILED

2014 AUG -7 PM 3: 28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Healthcare Partners, 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 05/09/2013 and assigned  
Florida document number L13000068074.

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)

1501 US Hwy 441 N, Suite 1704  
The Villages, FL 32159

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:

NELSON KRAMCAK

New Registered Office Address:

1501 US Hwy 44 N, Suite 1704

Enter Florida street address

The Villages

City

Florida 32159

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.

[Signature]  
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>
AMBR	NELSON KRAMCAK	1501 US Hwy 44 N, Suite 1704 The Villages, FL 32159	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	NEHME GABRIEL	822 Perkins Street Lelsburg, FL 34748	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
		1058 CAESARS COURT MOUNT DORA, FL 32757	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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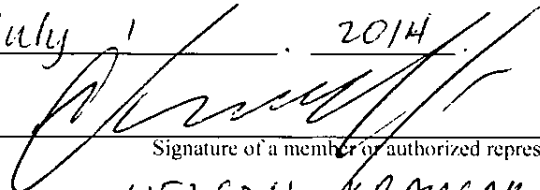
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)*

Dated July 1, 2014

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

NELSON KRAVCAR

\_\_\_\_\_  
Typed or printed name of signer

FILED  
2014 AUG -7 PM 3:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA