

L13000087499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

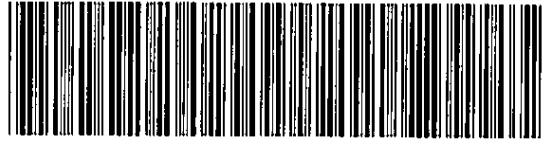
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

2019 AUG 21 PM 2:06

FILED

AUG 28 2019
C. Kinsey

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Herat of Florida Cardiovascular Center, 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 6/18/2013 and assigned Florida document number L13000087499.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

249 Patterson Road, Ste. B

(Principal office address MUST BE A STREET ADDRESS)

Haines City, Florida 33844-6251

Enter new mailing address, if applicable:

PO Box 537

(Mailing address MAY BE A POST OFFICE BOX)

Haines City, Florida 33845

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TALLAHASSEE FL

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:

Claudio Manubens

New Registered Office Address:

249 Patterson Road, Ste. B

Enter Florida street address

Haines City

Florida

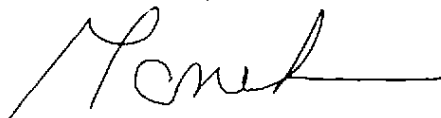
33844-6251

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
MGR	Kastner, Nancy	206 Canova Drive New Smyrna Beach, FL 32169	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MM	Manubens, Claudio	PO Box 537 Haines City, FL 33845	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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