## 113000159166

(Requestor's Name)
(Address)
(Address)
(6) (6) (7)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000303809350

09/25/17--01016--015 \*\*25.00

2017 SEP 25 PK 3: 40

K. SALY SEP 26 2017

## **COVER LETTER**

Div	ision of Cor	porations		
SUBJECT:	Hospital As	ssociates, LLC		
		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Prakash Motwani		
		**************************************	Name of Person	
		,	Firm/Company	
		3079 Twinleaf Ave		
			Address	
		Deltona, Florida, 32725		
			City/State and Zip Code	<del></del>
		pmotwani2013@gmail.com	to be used for future annual report notif	•
en	, .		·	ication)
For further ii	normation c	oncerning this matter, please co	aii:	
Prakash Mot	wani		217 412-2700 at ()	
	Name o	f Person	at ()	Telephone Number
Enclosed is a	check for th	ie following amount:		
<b>■</b> \$25.00 F	iling 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:

TO:

Registration Section

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

Ì

2017 SEP 25 P. 3: 40

Hospital Associates, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(A Fiorida Limited I	Claumty Company)	-1000
The Articles of Organization for this Limited Liability Company	were filed on September 20th, 2017.	and assigned
Florida document number <u>L13000159166</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3079 Twinleaf Ave	
Principal office address MUST BE A STREET ADDRESS)	Deltona, Florida	
	32725	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:		, the name of the h
Now Design and Office Address		
New Registered Office Address:	Enter Florida street address	
	Florida	
	, Florida _	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as poing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dutics, and I an provided for in Chapter 605, F.S. O	i familiar with and r, if this document is

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 2017 SEP 25 PK 3: 40 AMBR = Authorized Member **Type of Action** <u>Title</u> <u>Name</u> **Address** □ Add □ Remove \_\_\_\_ Change □ Add ☐ Remove \_\_\_\_\_ Change \_\_\_\_\_\_ D Add \_\_\_\_\_ □ Remove \_\_\_\_\_ □ Change \_ 🗆 Add \_□ Remove Change \_□ Add ☐ Remove \_ Change \_□ Add ☐ Remove

☐ Change

with such business
MI SEL
DOLLAR CONTROL OF CHAME
IN SET COMMITTEE OF THE PROPERTY OF THE PROPER
DIT SET TO CALLED THE CONTROL OF CALLED THE
M SE
(optional)
s after filing.) Pursuant to 605.
ts, this date will not be liste
:01 a.m. on the earlie
) 11

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00