

L14 000029464

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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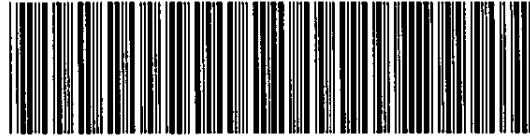
(Business Entity Name)

(Document Number)

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15 JUL -9 AM 10:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 10 2015

J SHIVERS

# KATZ TELLER

Amy E. Brown • Phone: (513) 977-3486 • Fax: (513) 762-0037 • abrown@katzteller.com

July 8, 2015

## FEDERAL EXPRESS

Florida Secretary of State  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Re: *Platinum Palliative Care, LLC***

Dear Ladies & Gentlemen:

Enclosed for filing, in duplicate, are the Articles of Amendment of the above entity. Also enclosed is our firm's check in the amount of \$55.00 to cover the filing and certified copy fee. Upon filing, kindly return a certified copy of the evidence to my attention.

Should you have any questions, please contact me.

Sincerely,



Amy E. Brown  
Corporate Paralegal

Enclosure

KTBH: 4819-6169-2965, v. 1



## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Platinum Palliative Care, 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:

Amy Brown  
Name of Person  
Katz Teller  
Firm/Company  
255 E Fifth St Ste 2400  
Address  
Cincinnati OH 45202  
City/State and Zip Code  
abrown@katzteller.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amy Brown at (513) 977-3486  
Name of Person 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**

Platinum Palliative Care, 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 2/20/14 and assigned  
Florida document number L14000029464.

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:**

**(Principal office address MUST BE A STREET ADDRESS)**

3712 SW 49th St

Ft. Lauderdale, FL 33312

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

3712 SW 49th St

Ft. Lauderdale, FL 33312

**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:

New Registered Office Address:

3712 SW 49th St

*Enter Florida street address*

Ft. Lauderdale

*City*

, Florida

15 JUL - 9 AM 10:42  
SECRETARY OF STATE  
FLORIDA  
33312  
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	Alan Rozen MD	3712 SW 49th St	<input type="checkbox"/> Add
		Ft. Lauderdale FL 33312	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

15 JUL -9 A  
SECRETARY  
ALLAHABSTE

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated July 8, 2015

Signature of a member or authorized representative of a member

**Amy Brown, Authorized Representative**

Typed or printed name of signee