

L14000032502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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14 DEC 18 PM 2:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 23 2014

T. BROWN

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CARING HEARTS FAMILY MEDICAL CENTERS 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:

ROBERT KIESLING

Name of Person

TAX ADVISORS OF PALM BEACH

Firm/Company

2240 WOOLBRIGHT RD

Address

BOYNTON BEACH, FL 33426

City/State and Zip Code

TAX\_ADVISORS@ATT.NET

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

For further information concerning this matter, please call:

ROBERT KIESLING

561 738-9331  
at ( )

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**

**CARING HEARTS FAMILY MEDICAL CENTERS LLC**

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

**FILED**  
14 DEC 18 PM 2:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 02/25/2014 and assigned  
Florida document number L14000032502.

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)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, **Florida** \_\_\_\_\_

*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 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>
AP	Certified Medical Credentialing	5200 N FLAGLER DR # 2401	<input type="checkbox"/> Add
		WEST PALM BEACH, FL 33407	<input checked="" type="checkbox"/> Remove
AP	Caring Heart Medical Center Inc.	2135 S CONGRESS AVE STE 4A	<input checked="" type="checkbox"/> Add
		PALM SPRINGS, FL 33406	<input 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
			<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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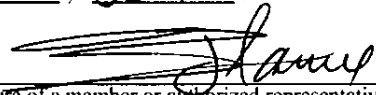
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(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 11-30, 2014.



Signature of a member or authorized representative of a member

Jocelyne Blanc

Typed or printed name of signee