

L14 0000 46641

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2009 OCT 31 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

RECEIVED

SUBJECT: SK HEALTH CENTER LLC

Name of Limited Liability Company

2022 JUL 26 AM 7:54

SECRETARY OF STATE
TALLAHASSEE, FL

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MIN BAE

Name of Person

MIN BAE CPA INC

Firm/Company

9432 BAYMEADOWS RD STE 245

Address

JACKSONVILLE FL 32256

City/State and Zip Code

minbae@comcast.net

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

For further information concerning this matter, please call:

Min Bae

904

864-2588

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2022 OCT 31 PM 1:41

CONF
AL

October 18, 2022

MIN BAE
9432 BAY MEADOWS ROAD STE 245
JACKSONVILLE, FL 32256

SUBJECT: SK HEALTH CENTER LLC
Ref. Number: L14000046641

We have received your document for SK HEALTH CENTER LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist III

Letter Number: 822A00023301

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

SK HEALTH CENTER LLC

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

FILED
2022 OCT 31 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 03/20/2014

and assigned

Florida document number L14000046641

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)

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 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	CHRISTOPHER S SANDERS	970 BARBADOS AVE	<input type="checkbox"/> Add
		ORLANDO	<input checked="" type="checkbox"/> Remove
		FL 32825	<input type="checkbox"/> Change
MGR	MICHAEL G TRONOLONE	1738 N SHORE TERRACE	<input checked="" type="checkbox"/> Add
		ORLANDO	<input type="checkbox"/> Remove
		FL 32804	<input 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"/> Change

SECRETARY OF STATE
TALLAHASSEE, FL

2022 OCT 31 AM 10:20

FILED
2022 OCT 31 AM 10:20
SECONDARY STATION
TALLAHASSEE FL

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.

Dated JULY 19, 2022

Signature of a member or authorized representative of a member

Typed or printed name of signee