

L 14 000058507

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

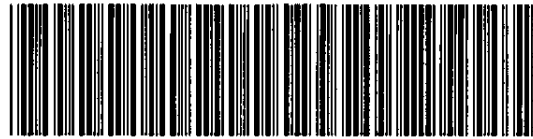
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900260544879

05/30/14--01004--011 \*\*25.00

FILED  
2014 MAY 30 PM 1:19  
SECRETARY OF STATE  
-ALL INFORMATION-

JUN - 5 2014

T CLINE

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: PLACENCIA HEALTHCARE SYSTEM 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:

**Peter A. Krause**

Name of Person

**Krause & Goldberg P.A.**

Firm/Company

**1792 Bell Tower Lane**

Address

**Weston, FL 33326**

City/State and Zip Code

**westonlawyers@aol.com**

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

For further information concerning this matter, please call:

**Peter A. Krause**

Name of Person

at **(954) 747-1400**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

FILED  
2014 MAY 30 PM 1:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**PLACENCIA HEALTHCARE SYSTEM 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 April 9, 2014 and assigned Florida document number L14000058507.

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)

c/o Krause & Goldberg P.A.

1792 Bell Tower Lane

Weston, FL 33326

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

c/o Krause & Goldberg P.A.

1792 Bell Tower Lane

Weston, FL 33326

**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>
<u>MGR</u>	<u>BRENT BORLAND</u>	<u>4700 NW 2ND AVENUE, STE 101</u>	<input type="checkbox"/> Add
		<u>BOCA RATON, FL 33431</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>FORREST L. BLEDSOE</u>	<u>4700 NW 2ND AVENUE, STE 101</u>	<input type="checkbox"/> Add
		<u>BOCA RATON, FL 33431</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>FORREST L. BLEDSOE</u>	<u>157 SW 127 Avenue</u>	<input checked="" type="checkbox"/> Add
		<u>Plantation, FL 33325</u>	<input type="checkbox"/> Remove
<u>MGR</u>	<u>RICHARD R. CHRYSLER</u>	<u>4700 NW 2ND AVENUE, STE 101</u>	<input type="checkbox"/> Add
		<u>BOCA RATON, FL 33431</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>RICHARD R. CHRYSLER</u>	<u>8210 W. State Road 84</u>	<input checked="" type="checkbox"/> Add
		<u>Davie, FL 33324</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED  
2014 MAY 30 PM 1:19  
CLERK OF DISTRICT COURT  
NORTH DAKOTA

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

---

---

---

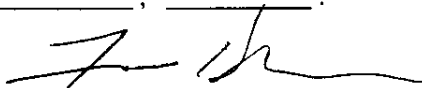
---

---

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 May 27, 2014



Signature of a member or authorized representative of a member

FORREST L. BLEDSOE

Typed or printed name of signee

FILED  
2014 MAY 30 PM 1:19  
CLERK OF STATE  
TALLAHASSEE, FLORIDA