

L140000 69019
04/30/14 16:12:26 Broad and Cassel 051 12:58:01 BrightFax Page 002

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : BROAD AND CASSEL - TALLAHASSEE
Account Number : I19990000199
Phone : (850) 681-6810
Fax Number : (850) 681-9792

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: FRainer@broadandcassel.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BRADENTON HEALTHCARE INVESTORS, LLC

Certificate of Status	1
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TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

Fax 850-617-6383

COVER LETTER**TO:** Registration Section
Division of Corporations**SUBJECT:** Bradenton Healthcare Investors, 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:

Frank P. Rainer

Name of Person

Broad and Cassel

Firm/Company

215 S. Monroe Street, Suite 400

Address

Tallahassee, FL 32301

City/State and Zip Code

FRainer@broadandcassel.com

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

For further information concerning this matter, please call:

Frank P. Rainer

Name of Person

at 850 681-6810

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

Fax 850-617-6383

Fax 850-617-6383

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Bradenton Healthcare Investors, 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 04/28/2014 and assigned Florida document number L14000069019

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:

2123 Centre Pointe Blvd.

(Principal office address MUST BE A STREET ADDRESS)

Tallahassee, FL 32308

Enter new mailing address, if applicable:

Same

(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:

Fax 850-617-6383

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>
MGR	Joseph D. Mitchell	2123 Centre Pointe Blvd.	<input checked="" type="checkbox"/> Add
		Tallahassee, FL 32308	<input type="checkbox"/> Remove
MGR	C. Guy Farmer	2123 Centre Pointe Blvd.	<input checked="" type="checkbox"/> Add
		Tallahassee, FL 32308	<input type="checkbox"/> Remove
MGR	Alan G. Davis	2123 Centre Pointe Blvd.	<input checked="" type="checkbox"/> Add
		Tallahassee, FL 32308	<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

Fax 850-617-6383

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

FEI Number 46-5517827

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 April 30, 2014



Signature of a member or authorized representative of a member

Frank P. Rainer, Esq.

Typed or printed name of signer

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Filing Fee: \$25.00

Fax 850-617-6383