

L14000132393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

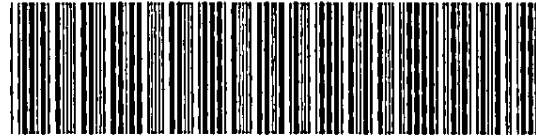
(Business Entity Name)

(Document Number)

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JAN 16 2018

J. LEGGETT
JAN 17 2018

18 JAN 17 PM 1:37
STATE
FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Suncoast Medical Centers of SW FL, 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:

Yajaida Vasquez

Name of Person

Suncoast Medical Centers of SW FL, LLC

Firm/Company

1154 Lee Blvd. Ste. 4

Address

Lehigh Acres, FL 33936

City/State and Zip Code

yvasquez110@msn.com

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

For further information concerning this matter, please call:

Gabrielle Roque

239 634-5310
at ()

Name of Person

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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

Page 1 of 3

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	Jacqueline Rodrigue	3040 Oasis Grand Blvd. Apt. 3204	<input type="checkbox"/> Add
		Ft. Myers, FL 33916	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Baldir Lopez Acosta	13381 Seaside Harbour Dr.	<input checked="" type="checkbox"/> Add
		North Ft. Myers, FL 33903	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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

Address Change for Registered Agent/MGR Yajaida Vasquez- New Address- 3208 NW 1st Ave., Cape Coral, FL

33993

18 JAN 17 PM 4:37
STATE OF FLORIDA
TALLAHASSEE

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

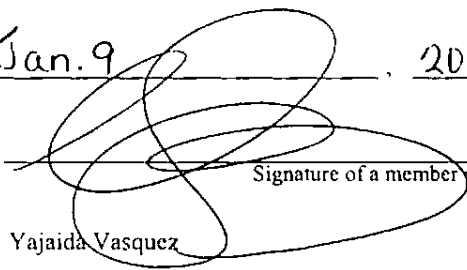
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 Jan. 9, 2018



Signature of a member or authorized representative of a member

Yajaida Vasquez

Typed or printed name of signee