

LS000063031

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

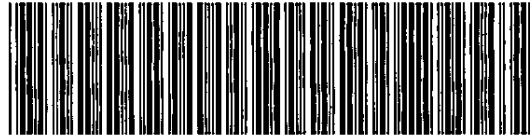
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
16 MAY 31 PM 5:51

JUN 06 2016

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hadassah Medical Offices, 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:

Ronald Firman
Name of Person

Hadassah Medical Offices, LLC
Firm/Company

1717 N. Bayshore Drive #353
Address

Miami, FL 33132
City/State and Zip Code

icinternational@aol.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Ronald Firman at (786) 320-3843
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

Hadassah Medical Offices, LLC

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>
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AMBR	Martin Burns	4471 Dean Martin Drive	<input checked="" type="checkbox"/> Add
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		#3200	<input type="checkbox"/> Remove
--	--	-------	---------------------------------

		Las Vegas, NV 89103	<input type="checkbox"/> Change
--	--	---------------------	---------------------------------

MGR
& MGR

	Ronald Firman	1717 N. Bayshore Drive	<input checked="" type="checkbox"/> Add
--	---------------	------------------------	---

		#3531	<input type="checkbox"/> Remove
--	--	-------	---------------------------------

		Miami, FL 33132	<input type="checkbox"/> Change
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16 MAY 3 PM EST

☐ Add

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TALLAHASSEE, FLORIDA

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

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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 MAY 25, 2016

28

Signature of a member or authorized representative of a member

Ronald Firman

Typed or printed name of signee