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## **COVER LETTER**

TO: Registration Section  Division of Corporations
SUBJECT: Hadassan 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 #353E
Miani FL 33132  City/State and Zip Code  icin tecnational Radican
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ronald Firmon at (786) 320 - 3843  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee
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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

419 2015 The Articles of Organization for this Limited Liability Company were filed on \_\_\_ Florida document number L15000063031 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 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

## 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.

City

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

**Title** Name **Address** Type of Action 4471 Dean Martin Drive X Add Martin Burns #3200 MGRM & MGR Ronald Firman 1717 N. Bayshore Drive #3531 ☐ Remove Miami, FL 33132 ☐ Add □ R&mov ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Change ☐ Add □ Remove ☐ Change

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