

L15000122409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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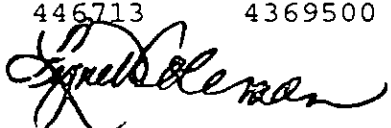
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2018 OCT 16 AM 8:32
SECRETARY OF STATE
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18 OCT 16 PM 4:28

M. MILLIGAN

OCT 19 2018

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 446713 4369500
AUTHORIZATION : 
COST LIMIT : \$ 25.00

ORDER DATE : October 16, 2018
ORDER TIME : 3:42 PM
ORDER NO. : 446713-010
CUSTOMER NO: 4369500

DOMESTIC AMENDMENT FILING

NAME: COASTAL VEIN & VASCULAR
INSTITUTE, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Coastal Vein & Vascular Institute, 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:

Joseph Schohl

Name of Person

Firm/Company

201 E. El Segundo Blvd.

Address

El Segundo, CA 90245

City/State and Zip Code

joseph.schohl@radpatners.com

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

For further information concerning this matter, please call:

Name of Person

at (_____) _____

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

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

Coastal Vein & Vascular Institute, 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 7/16/2015 and assigned
Florida document number L15000122409.

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 "LLC."

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: Corporation Service Company

New Registered Office Address: 1201 Hays Street

Enter Florida street address

Tallahassee, Florida 32301

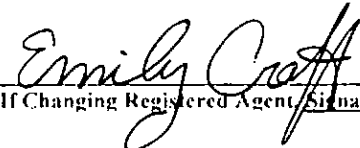
City

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.

Emily Croft
Asst. Vice President


If Changing Registered Agent, Signature of New Registered Agent

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2016 OCT 16 AM 8:32
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FLORIDA

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>
PCEO	Tumbarello, Steve	2101 E. El Segundo Blvd.	<input checked="" type="checkbox"/> Add
		Suite 401	<input type="checkbox"/> Remove
		El Segundo, CA 90245	<input type="checkbox"/> Change
T	Gutierrez, David	2101 E. El Segundo Blvd.	<input checked="" type="checkbox"/> Add
		Suite 401	<input type="checkbox"/> Remove
		El Segundo, CA 90245	<input type="checkbox"/> Change
S	Bronner, Jay	2101 E. El Segundo Blvd.	<input checked="" type="checkbox"/> Add
		Suite 401	<input type="checkbox"/> Remove
		El Segundo, CA 90245	<input type="checkbox"/> Change
CRO	Basak, Ertan	2101 E. El Segundo Blvd.	<input checked="" type="checkbox"/> Add
		Suite 401	<input type="checkbox"/> Remove
		El Segundo, CA 90245	<input type="checkbox"/> Change
AMBR	Drs. Mori, Bean and Brooks, P.A.	3599 University Blvd. S	<input type="checkbox"/> Add
		Bldg 300	<input checked="" type="checkbox"/> Remove
		Jacksonville, FL 32216	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

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.

Dated October 12 2018

David Gutierrez
Typed or printed name of signee

2010 OCT 15 AM 8:32
STATE OF ARIZONA
COUNTY OF MARICOPA

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