

LIS 000196658

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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At Clifton DEC - 8 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Centurion HealthCare Services 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:

Cindy Price

Name of Person

SK Financial CPA LLC

Firm/Company

2210 Ashley Oaks Circle, Suite 101

Address

Wesley Chapel, FL 33544

City/State and Zip Code

accounting@skfinancial.com

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

For further information concerning this matter, please call:

Cindy Price

813 322-3936
at ()

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

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

FILED
2015 DEC -7 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Centurion HealthCare Services 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 11/20/2015 and assigned Florida document number L15000196658.

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 "L.L.C."

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:

Toni Sexton

New Registered Office Address:

10901 Corporate Circle N Suite A

Enter Florida street address

St. Petersburg

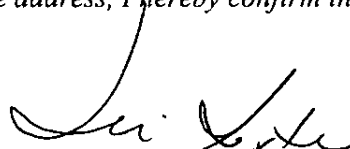
City

, Florida 33716

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

SIGN HERE

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	Fusion Healthcare Group	10901 Corporate Circle N, Ste A	☐ Add
		St. Pete, FL 33716	☒ Remove
			☐ Change
AMRG	Toni Sexton	10901 Corporate Circle N, Ste A	☒ Add
		St. Petersburg, FL 33716	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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			☐ Remove
			☐ Change

SECRET
JAN 19 1974
TALLAHASSEE, FLORIDA

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ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 08-22-2011 BY 60322
UCBAW

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(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)

Dated December 3, 2015

Signature of a member or authorized representative of a member

Toni Sexton

Typed or printed name of signee

Toni Sexton