

L16 0000 78409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

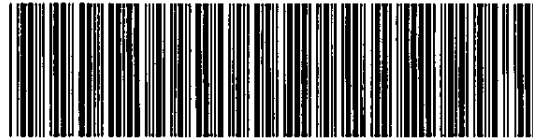
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700310247177

03/16/18--01014--020 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2018 MAR 16 PM 4:56

N. CAUSSEAU

MAR 20 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Sunstate Nephrology & Hypertension, 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:

Yvette M. Berens

Name of Person

Karen B. Schapira, PLLC

Firm/Company

4780 N. Hiatus Road

Address

Sunrise, FL 33351

City/State and Zip Code

ymb@schapirahealthlaw.com

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

For further information concerning this matter, please call:

Karen B. Schapira

954 306-3772
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**

Sunstate Nephrology & Hypertension, 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 04/20/2016 and assigned
Florida document number L16000078409.

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)

1922 E. 4th Avenue

Suite A

Tampa, FL 33605

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2234 N. Federal Hwy.

Suite #531

Boca Raton, FL 33431

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:

Karen B. Schapira, PLLC

New Registered Office Address:

4780 N. Hiatus Road

Enter Florida street address

Sunrise

City

, Florida 33351

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

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	Sunstate Health Holdings, LLC	2234 N. Federal Hwy	<input checked="" type="checkbox"/> Add
		Suite #531	<input type="checkbox"/> Remove
		Boca Raton, FL 33431	<input type="checkbox"/> Change
MGR	Roger Brown		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Muhammad Hayat	1922 E. 4th Avenue	<input type="checkbox"/> Add
		Suite A	<input type="checkbox"/> Remove
		Tampa, FL 33605	<input checked="" type="checkbox"/> Change
AMBR	Muhammad Saeed-Malik	1922 E. 4th Avenue	<input checked="" type="checkbox"/> Add
		Suite A	<input type="checkbox"/> Remove
		Tampa, FL 33605	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2018 MAR 16 PM 4:56

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

FILED
MAR 16 1966
DIVISION OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

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.

(b) The 90th day after the record is filed.

Dated March 8, 2018

March 8

Signature of a member or authorized representative of a member

Karen B. Schapira, Authorized Representative

Typed or printed name of signee