

L16000105809

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000166843 3)))



H20000166843ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : BILZIN SUMBERG BAENA PRICE & AXELROD LLP
Account Number : 075350000132
Phone : (305) 374-7580
Fax Number : (305) 351-2122

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please!

Email Address: vva@bilzin.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ORANGE ACCOUNTABLE CARE ORGANIZATION LLC**

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$60.00

O SIMMONS

JUN 04 2020

(((H20000166843 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

2020 JUN -3 AM 10:28

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	EXPOSITO, FRANK	14750 NW 77 COURT, #308	<input type="checkbox"/> Add
		MIAMI LAKES, FL 33016	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	EXPOSITO, LISSETTE	14750 NW 77 COURT, #308	<input checked="" type="checkbox"/> Add
		MIAMI LAKES, FL 33016	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GOLDSTEIN, RICHARD M.	1450 BRICKELL AVENUE, 23RD FLOOR	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33131	<input type="checkbox"/> Remove
			<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

(((H20000166843 3)))

((H20000166843 3)))

2020 JUN
ional sheets. if necessary. 28

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

1

E. Effective date, if other than the date of filing: MARCH 1, 2020 (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.

6/1/2020

Dated _____



Signature of a member or authorized representative of a member

LISSETTE EXPOSITO

Typed or printed name of signee

(((H20000166843 3)))

Filing Fee: \$25.00