

U6000123062

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.

((H20000369870 3)))



H200003698703ABC2

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 : COHEN, NORRIS, WOLMER, RAY, TELEPMAN & COHEN
Account Number : I20020000140
Phone : (561)844-3600
Fax Number : (561)842-4104

RECEIVED
OCT 26 10:51 AM
*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: LR@CohenNorris.com

RECEIVED
2020 OCT 27 AM 9:18
OCT 27 2020 9:14

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BEACHSIDE MEDICAL CARE LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help



October 26, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BEACHSIDE MEDICAL CARE LLC
300 SOUTH 6TH STREET
SUITE 102
FT PIERCE, FL 34950US

SUBJECT: BEACHSIDE MEDICAL CARE LLC
REF: L16000123062

1030 12/17/20

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

PLEASE CORRECT THE DATE THE ARTICLES OF ORGANIZATION WERE FILED TO
06/27/2020.

2016

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6050.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 220A00021263

H600003678703

TO: Registration Section
Division of Corporations

SUBJECT: BEACHSIDE MEDICAL CARE 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:

PETER R. RAY, ESQ.

Name of Person

COHEN NORRIS WOLMER RAY TELEPMAN BERKOWITZ COHEN

Firm/Company

712 U.S. Highway One, Suite 400

Address

North Palm Beach, FL 33408

City/State and Zip Code

LR@COHENNORRIS.COM

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

For further information concerning this matter, please call:

Karin Drakas

561

844-3600

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

H20668567810

TO
ARTICLES OF ORGANIZATION
OF

BEACHSIDE MEDICAL CARE LLC

6/27/2016 9:14

(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 6/27/2016 and assigned
Florida document number L16000123062.

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:

New Registered Office Address:

Enter Florida street address

City

Florida

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

or removed from our records:

H20 0003698703

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	OLIVIA HOLMES	300 S. 6TH STREET, SUITE 101	<input checked="" type="checkbox"/> Add
		FORT PIERCE, FL 34950	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ANNEMARIE HOLMES	300 S. 6TH STREET	<input checked="" type="checkbox"/> Add
		FORT PIERCE, FL 34950	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ROGAN HOLES	300 S 6TH STREET	<input checked="" type="checkbox"/> Add
		FORT PIERCE, FL 34950	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	IMELDA WELLINGTON	300 S 6TH STREET	<input checked="" type="checkbox"/> Add
		FORT PIERCE, FL 34950	<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

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

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

E. Effective date, if other than the date of filing: _____ (optional)
Immediate or more than 90 days after filing.

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) this date will not be listed as the effective date if the registrant does not meet the applicable statutory filing requirements.

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.

Dated October 21, 2020

Signature of a member or authorized representative of a member

AnneMarie Holmes

Typed or printed name of signee

Filing Fee: \$25.00