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(Re	questor's Name)	
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(Bu	isiness Entity Nan	ne)
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Certified Copies	_ Certificates	s of Status
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D. SCOTT MAR 2 3 2017

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: DR. 1	lietor Silva L	ledical Center ted Liability Company	
		MANAGO, A PARA SER SE	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	•
Please return all correspon	ndence concerning this matter t	o the following:	
	Victor S	Name of Person	
	DR. Victor S	vilva Medical o	lenter
	1931 W. Ma.	tin Luthen King	In Blud Suite D
,	¥ A	33607 City/State and Zip Code	
. 1	E-mail address: (t	6 be used for future annual report notifi	ication)
For further information co	oncerning this matter, please ca	A1:	AN T
Victor S Name o	Pil <u>Ja</u> f Person	at (227) 480 - Area Code Daytime	9813 Telephone Number Telephone Number Telephone Number
Enclosed is a check for the	ne following amount:		3: 07
\$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:

TO:

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

111.0

Dr. VICTOR SI Va Medical L	entor, LLC
(Name of the Limited Liability Company (A Florida Limited Lia	as if now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company w Florida document number <u>L16000182318</u> .	vere filed on 09/28/2016 Evandassigned
This amendment is submitted to amend the following:	72 F
A. If amending name, enter the new name of the limited liability	ty 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)	1931 Ul Hartin Luther King to Blud Swite D tampa Fl 33607
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1931 Ul Hartin buther King to Blod Suite D Fampa Fl 33407
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our records, enter the name of the new
Name of New Registered Agent: New Registered Office Address: 1931 W L	on Silva Partin Luthen King In Blub Seute D. Enter Florida street address
tampa	City, Florida 33607 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

Page 1 of 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		

<u>Title</u>	<u>Name</u>	Address	Type of Action
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effective date e: If the dat	if other than the is listed, the date mu- e inserted in this bl ctive date on the D	st be specific and c lock does not me	annot be prior to det the applicable	ate of filing or more estatutory filing re	(optiona than 90 days after filin quirements, this dat	g.) Pursuant to 605.
record spe he 90th d	cifies a delayed by after the rec	d effective da cord is filed.	te, but not a	n effective time	e, at 12:01 a.m	on the earlie
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Filing Fee: \$25.00