

L16000210585

(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



500303160335

08/31/17--01020--001 \*\*25.00

FILED  
17 AUG 31 PM 4:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. WARREN

SEP 01 2017

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Cypress Creek Medical Pavilion, 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:

Registered Agents, Inc.

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

420 S. Dixie Hwy, Suite 4B

\_\_\_\_\_  
Address

Coral Gables, FL 33146

\_\_\_\_\_  
City/State and Zip Code

amaresca@anfgroup.com

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

For further information concerning this matter, please call:

Nelson Fernandez

954

449-1602

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

Cypress Creek Medical Pavilion, LLC

FILED  
AUG 31 PM 4:02  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

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          | Alberto Fernandez | 2700 Davie Road, Davie, FL 33314 | <input checked="" type="checkbox"/> Add |
|              |                   |                                  | <input type="checkbox"/> Remove         |
|              |                   |                                  | <input type="checkbox"/> Change         |
| MGR          | Nelson Fernandez  | 2700 Davie Road, Davie, FL 33314 | <input checked="" 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         |
|              |                   |                                  | <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  
 12 AUG 31 PM 02  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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

— — —

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 is the date of filing, then the effective date must be later than the date of filing. (optional)

**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 8/29 2017

Signature of a member or authorized representative of a member

NELSON FERNANDEZ

Typed or printed name of signee

FILED  
17 AUG 31 PM 4:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA