

# L17000011533

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

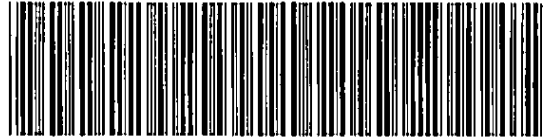
\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*wrong form*

Office Use Only



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18 JUL 13 PM 2:20

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

JUL 16 2018

D CUSHING

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Healthcare Center at Tradition  
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:

Cindy Schiefer  
Name of Person  
Healthcare Center at Tradition  
Firm/Company  
6245 Paddington Pl  
Address  
Vero Beach FL 32967  
City/State and Zip Code  
Schieferc@icloud.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cindy Schiefer at 772 834-9565  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

18 JUL 13 PM 2:20

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS

2018 JUL 13 AM 10:27



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 28, 2018

CINDY SCHIEFER  
6245 PADDINGTON PLACE  
VERO BEACH, FL 32967

SUBJECT: HEALTHCARE CENTER AT TRADITION, LLC  
Ref. Number: L17000011533

We have received your document for HEALTHCARE CENTER AT TRADITION, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing  
Senior Section Administrator

Letter Number: 618A00013485

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Healthcare Center at Tradition, 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 1/17/2017 and assigned Florida document number L17000011533

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)

FILED  
JAN 13 PM 2:20  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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*

\_\_\_\_\_, Florida \_\_\_\_\_  
City 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

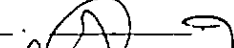
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Joseph S Gage	S E High Point Rd	<input type="checkbox"/> Add
		Street, FL 34996	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Cynthia Schaefer	6245 Paddockton Pl	<input type="checkbox"/> Add
		Vero Beach, FL 32967	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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[illegible]

**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.

Dated 7/9/2018

X



Signature of a member or authorized representative of a member

Joseph S Gage manager

Typed or printed name of signee