

L17000018091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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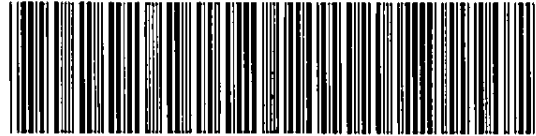
(Business Entity Name)

(Document Number)

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D. SCOTT  
OCT 17 2017

**HAWKINS AND COMPANY, LLC**  
ATTORNEYS AND COUNSELORS AT LAW  
1267 WEST 9TH STREET, SUITE 500  
CLEVELAND, OHIO 44113-1064

(216) 861-1365  
FAX: (216) 861-0714

October 12, 2017

**Registration Section**  
**Division of Corporations**  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

*VIA FEDERAL EXPRESS*

**Re: Ideal Vascular Centers, LLC**

Ladies and Gentlemen:

Enclosed please find the following items which are being submitted for Ideal Vascular Centers, LLC, to change the name of the company to Comprehensive Vascular Centers, LLC and update the statutory agent:

1. Articles of Amendment to Articles of Organization; and
2. A check in the amount of Twenty-Five Dollars (\$25.00) made payable to the "Florida Department of State."

Please file the Application and provide evidence of the filing at your earliest convenience.

Thank you for your assistance in this matter.

Very truly yours,



Ann Marie Hawkins

AMH: dsz  
Enclosures

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TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Ideal Vascular Centers, 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:

Ann Marie Hawkins

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

Hawkins and Company, LLC

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

1267 West 9th Street, Suite 500

\_\_\_\_\_  
Address

Cleveland, Ohio 44113

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

annhawk01@aol.com

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

For further information concerning this matter, please call:

Ann Marie Hawkins

216 861-1365  
at ( ) \_\_\_\_\_  
Area Code Daytime Telephone Number

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

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" 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

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TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Ideal Vascular Centers, 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 01/23/2017 and assigned  
Florida document number L17000018091.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Comprehensive Vascular Centers, LLC

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:

Ann Marie Hawkins

New Registered Office Address:

506 SW Federal Highway

*Enter Florida street address*

Stuart


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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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**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 \_\_\_\_\_, \_\_\_\_\_.

  
Signature of a member or authorized

Hany Anton, M.D.

**Filing Fee: \$25.00**