

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : ADVENTIST HEALTH SYSTEM
Account Number : I20050000005
Phone : (407) 357-2333
Fax Number : (407) 357-2717

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address:

Sarah.Sneath@ahss.org

LP/LLP AMENDMENT/RESTATEMENT/CORRECTION

AHS FLORIDA DIVISION ACO, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$105.00

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Corporate Filing Menu

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OCT 27 2017

COVER LETTER

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TO: Registration Section
Division of Corporations

SUBJECT: AHS Florida Division ACO, 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:

Tamara L. Trimble

Name of Person

Adventist Health System

Firm/Company

900 Hope Way

Address

Altamonte Springs, Florida 32714

City/State and Zip Code

Sarah.Sneath@ahss.org

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

For further information concerning this matter, please call:

Tamara L. Trimble

407

357-2304

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

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

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AHS Florida Division ACO, 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 May 23, 2017 and assigned
Florida document number L17000112934.

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

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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>
AMBR	Adventist Health System/Sunbelt, Inc.	900 Hope Way,	<input type="checkbox"/> Add
		Altamonte Springs, FL 32714	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Florida Hospital Healthcare System, Inc.	101 Southhall Lane, STE 150	<input checked="" type="checkbox"/> Add
		Maitland, FL 32714	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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E. Effective date, if other than the date of filing: November 1, 2017 (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 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 26, 2017

John Adams
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Lynn Addiscott, Assistant Secretary

Typed or printed name of signee