12/26/2017

2017-12-26 13:42.30 CST

12122023573 From: Kimberly Laughrey

dision of Corporations Florida Department of State

> Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (512)418-6949

Fax Number

: (954)208-0845

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

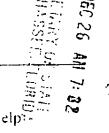
Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CANO MEDICAL CENTER OF WEST FLORIDA, LLC

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Corporate Filing Menu



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COVER LETTER

TO:	Registration Sec Division of Corp		* ;	
a		DICAL CENTER OF WEST F	LORIDA, LLC	
SUBJE	C1:	Name of Limi	ited Liability Company	
The enc	losed Articles of a	Amendment and fec(s) are sub-	mitted for filing.	
Please r	eturu all correspor	ndence concerning this matter	to the following:	
		Anthony Zurcher		
			OF WEST FLORIDA, LLC Name of Limited Liability Company sec(s) are submitted for filing. g this matter to the following: ther Name of Person 5. ster LLP Firm/Company struct Address Y 10018-1405 City/State and Zip Code divinlaw.com mail address: (to be used for future annual report notification) tter, please call: at (
		Goodwin Procter LLP		
			Firm/Company	
		620 Eight Avenue		
			Address	
		New York, NY 10018-140	5 	
			•	
		azurcher@goodwinlaw.com E-mail address: (0		ication)
For furt	her information co	oncerning this matter, please ea		
Anthor	ıy Zurcher		212 459-7171 at ()	
	Name of	f Person	Area Code Daytime	: Telephone Number
Enclose	ed is a check for th	ne following amount:		
■ \$25	5.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

MAHLING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cano Medical Center of West Florida, LLC	244	
(Name of the Limited Liability Compar (A Florida Limited I.	ny <u>as it now appears on our records.</u> Lability Company)	.)
The Articles of Organization for this Limited Liability Company Florida document number 117000243845	were filed on November 28, 201	7 and assigned
This amendment is submitted to amend the following:	111	
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4160 N. Annenia Avenue	
(Principal office address MUST BE A STREET ADDRESS)	Suite A	n- 🚉 👝
	Tampa, FL 33607	
		28. 38. 38. 38. 38. 38. 38. 38. 38. 38. 3
Enter new mailing address, if applicable:	4160 N. Annenia Avenue	Cig American
(Mailing address MAY BE A POST OFFICE BOX)	Suite A	E 01 7 1 1 1 1
(muning university of the control of	Tampal FL 33607	<u> </u>
	•	***
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address here. Name of New Registered Agent:	ffice address on our records e:	s, enter the name of the ne
New Registered Office Address:		
	SiterFloridastreet address	ř
<u></u>		orida
	Ciŋ·	ZipCode
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, an provided for in Chapter 605, t	id I am familiar with and F.S. Or, if this document is
If Cha	nging Registered Agent, Signature o	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
AMBR	Anthony Zurcher	620 Eighth Avenue	
		New York, NY 10018-1405	■ Remove
			☐ Change
MGR	Anthony Zurcher	620 Eighth Avenue	
		New York, NY** 0018-1405	■ Remove
			Change
AMBR	Orlando Rangel, M.D., P.A.	4160 N. Armenia Avenue	= Add
		Suite A	_ □ Remove
		Tampa, FL 33607	Change
			Add
			☐ Remove
			☐ Change
			Add
		9.1	□ Remove
			☐ Change
			☐ Remove
			Change

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ffective date, if other than the date of filing:	(optional)	
an effective date is listed, the date must be specific and cannot be prior to date of tiling or more to ote: If the date inserted in this block does not meet the applicable statutory filing re-	than 90 days after thing.) Pursuant to 60 quirements, this date will not be lis	ted a
ocument's effective date on the Department of State's records.		
e record specifies a delayed effective date, but not an effective time. The 90th day after the record is filed.	e, at 12:01 a.m. on the ear	ier c
The 90th day after the record is med.		
nted <u>December 26</u> , <u>2017</u> .		
Signature of a member or authorized representative of a		
Signature of a member or authorized representative of a	a member	

Page 3 of 3

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