L17000260837

9/21/2018 Document Services

Florida Department of State
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : TCA FUND MANAGEMENT GROUP CORP.
Account Number : I20170000078
Phone : (786)323-1650
Fax Number : (786)323-1651

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
NATIONAL HEALTHCARE CENTER OF ST. AUGUSTINE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	$25.00

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COVER LETTER

H18000276395-3

TO: Registration Section
Division of Corporations

SUBJECT: National Healthcare Center of St Augustine, 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:

Nelson Lamis
Name of Person

ICA Fund Management Group
Firm/Company

19950 West Country Club Drive, Suite 101
Address

Aventura, FL 33180
City/State and Zip Code

nlamis@icacap.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nelson Lamis at (786) 323-1650
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 copies are needed)
- ☐ $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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Aventura Fax

7863231651

09-21-2018 02:25:27 p.m. 3/5

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

H18000276395-3

National Healthcare Center of St. Augustine, 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 12/22/2017 and assigned Florida document number L17000260837

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

_____, 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

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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:

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MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Alexander J. Lopez	19950 West Country Club Drive, Suite 101 Aventura, FL 33180	■ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
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			☐ Add
			☐ Remove
			☐ Change

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

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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 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 September 21, 2018.

Nelson Gamis
Signature of a member or authorized representative of a member

Nelson Lamis, authorized representative
Typed or printed name of signer

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Filing Fee: $25.00

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