118000055458

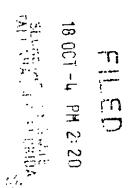
(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		

Office Use Only



800319184208

10/04/18--01020--018 **25.00



OCT 2 0 2018

T SCHROEDER

COVER LETTER

SURJECT: HNI ME	EDICAL SERVICES OF F	LORIDA, LLC	
SUBJECT:			
The enclosed Articles of	`Amendment and fee(s) are sub	unitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
SUBJECT: HNI MEDICAL SERVICES OF FLORIDA, LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filting. Please return all correspondence concerning this matter to the following: Rebecca Solis			
	BIJECT: HNI MEDICAL SERVICES OF FLORIDA, LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Solis The enclosed Solis Name of Person The enclosed In Indian Articles of Status Area Code The enclosed Indian Articles of Status Area Code The enclosed Indian Area Code The enclosed In		
Division of Corporations DIRIECT: HNI MEDICAL SERVICES OF FLORIDA, LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed is a check for the following amount: The enclosed i			
	DICAL SERVICES OF FLORIDA, LLC Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: Rebecca Solis Name of Person HNI Healthcare Firm/Company 7500 Rialto Blvd., Bldg 1, Ste 140 Address Austin, TX 78735 City/State and Zip Code rebecca.solis@hnihe.com E-mail address: (to be used for future annual report notification) oncerning this matter, please call: 1		
		Address	
	Austin, TX 78735		
			· · · · · · · · · · · · · · · · · · ·
		-	meanon)
For further information of	concerning this matter, please c	all:	
Rebecca Solis		at (956 878-6074	ļ
Name (of Person	Area Code Daytin	e Telephone Number
Enclosed is a check for t	he following amount:		
★ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	CES OF FLORIDA, LLC any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000055458</u>	were filed on March 1, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		00
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		2: 20
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	_	nter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	
	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Hospitalists Now, Inc.	7500 Rialto Blvd., Bldg. 1, Ste 140	Add
		Austin, TX 78735	Ď Remove
			□ Change
AMBR HNI of Florida, Inc.	7500 Rialto Blvd., Bldg. 1, Ste 140	Ď Add	
		Austin, TX 78735	□ Remove
		<u> </u>	Change
			Remove
			☐ Change
		·	
			□ Remove
			Change
			Add
			Remove
			□ Change

			
	1777-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-		
			<u>.</u>
			 18
· · · · · · · · · · · · · · · · · · ·			<u> </u>
			<u></u>
			<u> </u>
		-	<u>~</u>
			20
			 +
Iffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing Vote: If the date inserted in this block does not meet the applicable statutory locument's effective date on the Department of State's records.	or more than 90 days af		
e record specifies a delayed effective date, but not an effective for the 90th day after the record is filed.	ve time, at 12:01	. a.m. on the	e earlier d
Dated 10 218			

Page 3 of 3

Filing Fee: \$25.00