

L18000064982

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

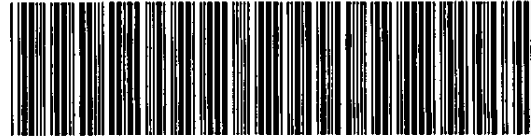
(Document Number)

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18 APR 20 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

APR 24 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CFIVE Florida 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:

Cristie Alden

Name of Person

CFIVE FLORIDA LLC

Firm/Company

1926 10th Ave North Suite 410

Address

Lake Worth, FL 33461

City/State and Zip Code

cristie@ismarthealthcare.com

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

For further information concerning this matter, please call:

Cristie Alden

954 729 - 0563

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
Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

RECEIVED

2018 APR 20 AM 11:37

DEPARTMENT OF
DIVISION OF CORPORATIONS
TALLAHASSEE

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

FILED
18 APR 20 PM 1:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CFive Florida 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 March 12, 2018 and assigned Florida document number L18000064982

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:

Check Five LLC

New Registered Office Address:

1926 10th Ave North Suite 410

Enter Florida street address

Lake Worth

City

, Florida 33461

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.


Christine L. Alder
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>
MGR	Check Five LP	1926 10th Ave North Suite 410	<input type="checkbox"/> Add
		Lake Worth, FL 33461	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Check Five LLC	1926 10th Ave North Suite 410	<input checked="" type="checkbox"/> Add
		Lake Worth, FL 33461	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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18 APR 20 PM
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TALLAHASSEE, FLORIDA

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APR 20 PM 1:16
18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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)

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.

S. A. Hall

Stephen Caddick

Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 11, 2018

CFIVE FLORIDA LLC
CRISTIE ALDEN
1926 10TH AVE. NORTH, STE. 410
LAKE WORTH, FL 33461

SUBJECT: CFIVE FLORIDA LLC
Ref. Number: L18000064982

We have received your document for CFIVE FLORIDA LLC and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 818A00007332