

L18000078302

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

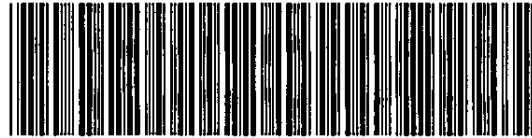
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
18 APR 20 PM 2:23

N COOPER

APR 23 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Solaris HealthCare Lake Bennet, 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:

Andrew Bennett

Name of Person

Solaris Foundation, Inc.

Firm/Company

9520 Bonita Beach Rd SE

Address

Bonita Springs, FL 34135

City/State and Zip Code

legal@solarisfoundation.org

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

For further information concerning this matter, please call:

Name of Person

at (_____) _____
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

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

Solaris HealthCare Lake Bennet, 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 3/29/18 and assigned
Florida document number L18000078302.

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)

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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

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	Lake Bennett HealthCare Holdings, LLC	9520 Bonita Beach Rd SE	☐ Add
		Bonita Springs FL, 34135	☒ Remove
			☐ Change
AMBR	Lake Bennet HealthCare Holdings, LLC	9520 Bonita Beach Rd SE	☒ Add
		Bonita Springs FL, 34135	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

For clarification, there is an error in the name of the existing AMBR.

As it currently appears on sunbiz.org, "Bennett" is spelled with 2 "Ts" -

However, it needs to be revised so that it is spelled as "Bennet" with ONLY 1 "T" - please call with any questions.

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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 04/18/18 , _____

Thomas J Bell

Signature of a member or authorized representative of a member

Thomas J. Bell

Typed or printed name of signee

GREGORY S CARLSON OR
PATTI CARLSON
207 DOLPHIN COVE CT
BONITA SPRINGS FL 34134

63-215/631

1473

Date

4-18-18

Pay to the
order of

Florida Dept of State

\$ 25.00

Twenty-five and

00/100

Dollars



SIGNATURE ADVANTAGE



SUNTRUST

ACH RT 061000104

Memo

AMEND ARTICLES

Patti Carlson

⑆063102152⑆1000181597252⑆1473