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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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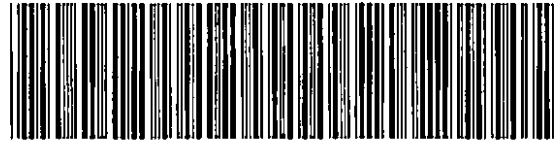
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O. SIMMONS
JUL 30 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 434 LONGWOOD MEDICAL, 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:

NORA MILLER, ESQ.

Name of Person

GRAY ROBINSON, P.A.

Firm/Company

301 E. Pine St, Suite 1400

Address

ORLANDO, FL 32801

City/State and Zip Code

NORA.MILLER@GRAY-ROBINSON.COM

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

For further information concerning this matter, please call:

NORA MILLER, ESQ.

407 843-8880
at ()

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
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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



A.

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	TIM MAJORS	2000 N. ORANGE AVE	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32804	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JIM RAPPAPORT	2000 N. ORANGE AVE	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32804	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MILTON BIGUCCI, JR.	7901 KINGSPORTE PARKWAY	<input checked="" type="checkbox"/> Add
		SUITE 17	<input type="checkbox"/> Remove
		ORLANDO, FL 32819	<input type="checkbox"/> Change
MGR	REALM SOUTHEAST INVESTM	2000 N. ORANGE AVE	<input type="checkbox"/> Add
		ORLANDO, FL 32804	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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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.

Dated JULY 26, 2018

Milton Bigucci, Jr.
Signature of a member or authorized representative of a member

Milton Bigucci, Jr. Authorized Representative
Typed or printed name of signer