

L1800000 97796

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

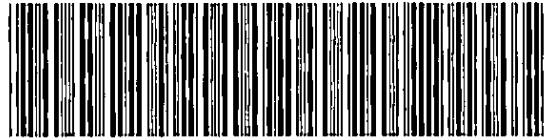
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DIVISION OF CORPORATIONS
18 JUL 23 AM 11:34

Amend / name change

JUL 24 2018

D CUSHING

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ORLANDO HEART INSTITUTE, 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:

NANDKISHORE RAMADIVE
Name of Person

Firm/Company

9213 BENTLEY PARK CIRCLE
Address

ORLANDO, FL 32819
City/State and Zip Code

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

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DIVISION OF CORPORATIONS
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For further information concerning this matter, please call:

NANDKISHORE RAMADIVE at (321) 946-0140
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 20, 2018

NANDKISHORE RANADIVE
9213 BENTLEY PARK CIRCLE
ORLANDO, FL 32819

SUBJECT: ORLANDO HEART INSTITUTE, LLC
Ref. Number: L18000097796

We have received your document for ORLANDO HEART INSTITUTE, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

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) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 818A00014945

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ORLANDO HEART INSTITUTE, 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 04/18/2018 and assigned Florida document number L18000097796.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ORLANDO HEART & VASCULAR INSTITUTE, LLC
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)

N.A.

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Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N.A.

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:

NANDKISHORE RANADIVE

New Registered Office Address:

9213 BENTLEY PARK CIRCLE

Enter Florida street address

ORLANDO
City

Florida

32819
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.

[Signature]
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:

N.A.

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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