

18000124698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

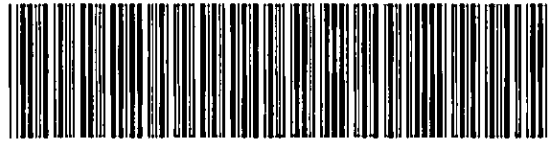
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 JUN 14 PM 2:21

N COOPER

JUN 15 2018

To whom It may concern:

Please See my daytime phone

Number of 954-587-7577.

Return address: 499 N.W. 70<sup>th</sup> Ave,  
Suite 220, Plantation, Fl. 33317

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** RICHARDS MEDICAL CENTER, 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:

LEONA BARNES

\_\_\_\_\_  
Name of Person

RICHARDS MEDICAL CENTER, LLC

\_\_\_\_\_  
Firm/Company

499 NW 70TH AVENUE, SUITE 220

\_\_\_\_\_  
Address

PLANTATION, FLORIDA 33317

\_\_\_\_\_  
City/State and Zip Code

aer1000@bellsouth.net

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

For further information concerning this matter, please call:

LEONA BARNES

\_\_\_\_\_  
Name of Person

954

at (\_\_\_\_\_) \_\_\_\_\_

Area Code

587-7577

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**

RICHARDS MEDICAL CENTER, 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 05-17-2018 and assigned  
Florida document number L18000124698.

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 "LLC."

**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:

LEONA BARNES

New Registered Office Address:

499 NW 70TH AVENUE, SUITE 220

Enter Florida street address

PLANTATION

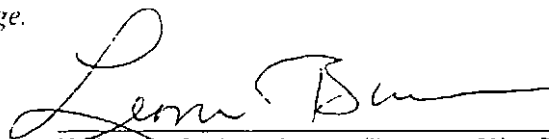
City

Florida 33317

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>
MGR	ARLEEN RICHARDS	499 NW 70TH AVENUE	<input type="checkbox"/> Add
		SUTE 220	<input checked="" type="checkbox"/> Remove
		PLANTATION, FL 33317	<input type="checkbox"/> Change
MGR	LEONA BARNES	499 NW 70TH AVENUE	<input checked="" type="checkbox"/> Add
		SUITE 220	<input type="checkbox"/> Remove
		PLANTATION, FL 33317	<input type="checkbox"/> Change
MGR	MICHELLE SCHMITZ	499 NW 70TH AVENUE	<input checked="" type="checkbox"/> Add
		SUITE 220	<input type="checkbox"/> Remove
		PLANTATION, FL 33317	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

[illegible]

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 JUN 14 PM 2:21

(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:

Dated JUNE 7 2018

Signature of a member or authorized

Signature of a member or authorized representative of a member

LEONA BARNES

Typed or printed name of signee