

L18000 196076

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

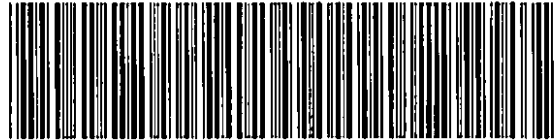
(Business Entity Name)

(Document Number)

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2018 AUG 30 PM 3:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA

D. BRUCE
SEP 07 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PARADISE COAST BREAST SPECIALISTS, 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:

Valerie Barnhart, Esq.

Name of Person

Perera Barnhart

Firm/Company

12555 Orange Drive, Second Floor

Address

Davie, FL 33330

City/State and Zip Code

valerie@pererabarnhart.com

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

For further information concerning this matter, please call:

Valerie Barnhart

786

485-5232

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 AUG 30 PM 3:20

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

PARADISE COAST BREAST SPECIALISTS, 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 8/16/2018 and assigned Florida document number L18000196076.

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:

1890 SW Health Pkwy, Suite 100

(Principal office address MUST BE A STREET ADDRESS)

Naples, FL 34109

Enter new mailing address, if applicable:

1890 SW Health Pkwy, Suite 100

(Mailing address MAY BE A POST OFFICE BOX)

Naples, FL 34109

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

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	Panagiotis Minas Masouras	1890 SW Health Pkwy, Suite 100	<input checked="" type="checkbox"/> Add
		Naples, FL 34109	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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 2018 AUG 30 PM 3:00
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA


FILED
2018 AUG 30 PM 5:20
SHERIFF'S OFFICE
TALLAHASSEE FLORIDA

FILED
2016 AUG 30 PM 5:20
ST. JOHNS COUNTY, FLORIDA
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)

Dated August 23 2018

August 23, 2018



Signature of a member or authorized representative of a member

Troy Shell, M.D.

Typed or printed name of signee