

L18000230920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2018 DEC -3 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FL

81-012,
12-0-18



Ganon J. Studenberg, J.D., LL.M., AEP®
Anne J. McPhee, J.D., LL.M.
Master of Laws in Estate Planning, Accredited Estate Planner®, AV Rated®

November 29, 2018

Via U.S. Mail

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**Re: Premier Heart, Vein & Vascular, LLC
L18000230920**

Dear Sir/Madam:

Enclosed please find Articles of Amendment to Articles of Organization for the above referenced limited liability company and our check in the amount of \$25.00 to cover your filing fee.

Please return all correspondence concerning this matter to the address listed below.

Thank you for your assistance in this matter. Should you have any questions, please contact me directly.

Very truly yours,

GANON J. STUDENBERG

GJS/bw
Encls: as stated
cc: Dr. Ravi C. Rao via email

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PREMIER HEART, VEIN & VASCULAR, PLLC

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:

GANON J. STUDENBERG

Name of Person

STUDENBERG LAW

Firm/Company

1119 PALMETTO AVENUE

Address

MELBOURNE, FLORIDA 32901

City/State and Zip Code

info@studenberglaw.com

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

For further information concerning this matter, please call:

GANON J. STUDENBERG, ESQ.

321 722-2420
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2018 DEC -3 PM 3:41

PREMIER HEART, VEIN & VASCULAR, PLLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 09/28/2018 and assigned
Florida document number L18000230920.

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) _____

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>
MGR	PAUL ISENBARGER	270 N SYKES CREEK PKWY UNIT 110	<input type="checkbox"/> Add
		MERRITT ISLAND, FL 32953	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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:

(b) The 90th day after the record is filed.

Dated Nov. 26, 2018

Adm.

Signature of a member or authorized representative of a member

RAVI C. RAO

Typed or printed name of signee