

L18000266692

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

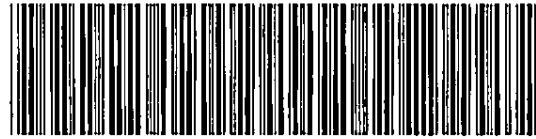
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700325119937

02/26/19--01017--003 \*\*30.00

FILED  
2019 FEB 26 PM 3:56  
CLERK OF SUPERIOR COURT

C. GOLDEN

MAR - 5 2019

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SUNSTATE HEALTH, 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:

Alejandro F Torres Canety  
Name of Person  
SUNSTATE HEALTH, LLC  
Firm/Company  
1910 E Palm Ave # 10108  
Address  
Tampa, FL 33605  
City/State and Zip Code  
Alex.Torres@sshtl.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alejandro F Torres Canety at ( 813 ) 863-1299  
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

2019 FEB 26 PM 3:56

SUNSTATE HEALTH, LLC

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

STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on NOVEMBER 14, 2018 and assigned  
Florida document number L18000266692.

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:

1910 E Palm Ave # 10108

(Principal office address MUST BE A STREET ADDRESS)

Tampa, FL 33605

Enter new mailing address, if applicable:

200 E. 12<sup>th</sup> Ave # 75185  
Tampa, FL 33675

(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:

1910 E Palm Ave #10108

*Enter Florida street address*

Tampa

*City*

Florida 33605

*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	Alejandro F Torres Canety		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		1910 E Palm Ave # 10108 Tampa, FL 33605	<input checked="" 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

