

L19000021707

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

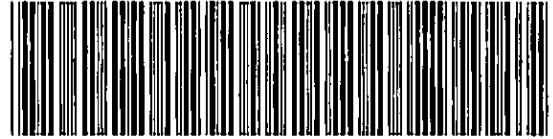
(Business Entity Name)

(Document Number)

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2019 MAY -2 PM 5:52

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MAY 10 2019

I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Prominence Florida Holdings, 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:

Douglas Tewksbury

Name of Person

Universal Health Services, Inc.

Firm/Company

367 South Gulph Road

Address

King of Prussia, PA 19406

City/State and Zip Code

uhscorpfilings@uhsinc.com

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

For further information concerning this matter, please call:

Douglas Tewksbury

610 382-3395
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

Prominence Florida Holdings, 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 1/25/2019 and assigned
Florida document number L19000021707

This amendment is submitted to amend the following:

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

N/A

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:

2326 South Congress Avenue #2F

(Principal office address MUST BE A STREET ADDRESS)

Palm Springs, FL 33406

Enter new mailing address, if applicable:

2326 South Congress Avenue #2F

(Mailing address MAY BE A POST OFFICE BOX)

Palm Springs, FL 33406

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:

Corporation Service Company

New Registered Office Address:

1201 Hays Street

Enter Florida street address

Tallahassee

Florida 32301

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.

Tabatha Miller, Asst VP

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	Universal Health Services, Inc.	367 South Gulph Road	<input checked="" type="checkbox"/> Add
		King of Prussia, PA 19406	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Steve Filton	367 South Gulph Road	<input checked="" type="checkbox"/> Add
		King of Prussia, PA 19406	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

N/A

E. Effective date, if other than the date of filing: _____ (optional)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated April 26, 2019

Typed or printed name of signee