

L19000103489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

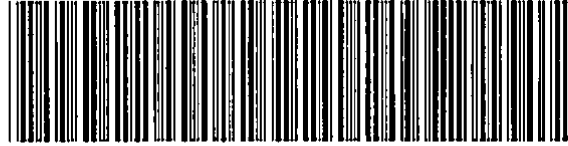
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C. CHAMBERLAIN

OCT 27 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A & A OCALA MEDICAL PROPERTIES, 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:

RALPH V. HADLEY III, ESQUIRE

Name of Person

SWANN HADLEY STUMP DIETRICH & SPEARS, P.A.

Firm/Company

200 EAST NEW ENGLAND AVENUE, SUITE 300

Address

WINTER PARK, FLORIDA 32789

City/State and Zip Code

rhadley@swannhadley.com

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

For further information concerning this matter, please call:

GAIL K. MESERVE

407 647-2777

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

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 A. ARRIBAS	2384 COPPERHILL LOOP	<input checked="" type="checkbox"/> Add
		OCOE, FL 34761	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ALFONSO T. ARRIBAS	10809 BAYSHORE DRIVE	<input type="checkbox"/> Add
		WINDRMERE, FL 34786	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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[illegible]

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.

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

Signature of a member or authorized representative of a member

Typed or printed name of signee