

120 000 296732

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

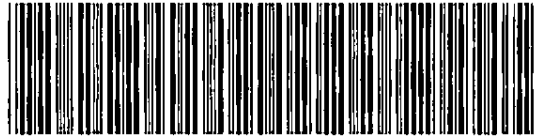
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2021 JAN 29 PM 3:59
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TALPOT, J. R.

O SIMMONS

FEB 02 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 14, 2021

STEVEN CARUSO
486 N HARBOR CITY BLVD
MELBOURNE, FL 32935

SUBJECT: HONEYCHURCH MEDICAL CENTER LLC
Ref. Number: L20000296732

We have received your document for HONEYCHURCH MEDICAL CENTER LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 421A00000869

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HONEYCHURCH MEDICAL CENTER 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:

STEVEN CARUSO

Name of Person

MILLER & CARUSO LLC

Firm/Company

486 N HARBOR CITY BLVD

Address

MELBOURNE FL 32935

City/State and Zip Code

melbournetaxslayer@gmail.com

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

For further information concerning this matter, please call:

STEVEN CARUSO

321

259-7704

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RECEIVED
DEC 04 2020

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

HONEYCHURCH MEDICAL CENTER LLC

2021 JAN 29 PM 4:00

(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 SEPTEMBER 21 2020 and assigned Florida document number L20000296732.

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)

1928 DAIRY RD

MELBOURNE FL 32904

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1928 DAIRY RD

MELBOURNE FL 32904

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:

MILLER & CARUSO LLC

New Registered Office Address:

486 N HARBOR CITY BLVD

Enter Florida street address

MELBOURNE

City

Florida

32935

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2021 JAN 29 PM 3:59

F. Effective date, if other than the date of filing: NOVEMBER 24, 2020 (optional)

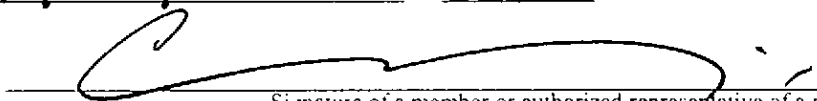
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

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

11/25/2020



Signature of a member or authorized representative of a member

CHARLES MAILEY CLODFELTER JR

Typed or printed name of signee