

L2C000336473

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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MAR 18 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 4, 2021

ROBERT LEONE
2211 ASHLEY OAKS CIR
WESLEY CHAPEL, FL 33544

SUBJECT: SURG-ASSIST MEDICAL COLLECTIONS SPV I, LLC
Ref. Number: L20000336473

We have received your document for SURG-ASSIST MEDICAL COLLECTIONS SPV I, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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: 721A00002592

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SURG-ASSIST MEDICAL COLLECTIONS SPV I, 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:

ROBERT V. LEONE

Name of Person

Firm/Company

2211 ASHLEY OAKS CIRCLE

Address

WESLEY CHAPEL, FL 33544

City/State and Zip Code

RLEONE@ACCURATEADVISORY.COM

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

For further information concerning this matter, please call:

ROBERT V. LEONE

Name of Person

at (813) 215 - 7783

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

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

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SURG-ASSIST MEDICAL COLLECTIONS SPV I, 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 10/22/2020 and assigned
Florida document number L20000336473.

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 "L.L.C." 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)

2211 ASHLEY OAKS CIRCLE

WESLEY CHAPEL, FL 33544

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:

ROBERT V. LEONE

New Registered Office Address:

2211 ASHLEY OAKS CIRCLE

Enter Florida street address

WESLEY CHAPEL

Florida

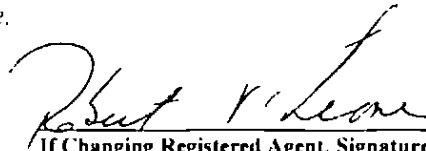
33544

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

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Type of Action

<u>Title</u>	<u>Name</u>	<u>Address</u>	
MGR	LIGARE CAPITAL FUNDING, LLC	13129 66TH STREET	<input type="checkbox"/> Add
		LARGO, FL 33773	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PAUL O'GRADY	2211 ASHLEY OAKS CIRCLE	<input type="checkbox"/> Add
		WESLEY CHAPEL, FL 33544	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ROBERT V. LEONE	2211 ASHLEY OAKS CIRCLE	<input checked="" type="checkbox"/> Add
		WESLEY CHAPEL, FL 33544	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PAUL O'GRADY	2211 ASHLEY OAKS CIRCLE	<input checked="" type="checkbox"/> Add
		WESLEY CHAPEL, FL 33544	<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

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E. Effective date, if other than the date of filing: _____ (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 12/18/2020 11.

d 12/18/2020
Rhett V. Lome
Signature of a member

Signature of a member or authorized representative of a member

ROBERT V. LEONE

Typed or printed name of signee

Filing Fee: \$25.00