

L21 0000 18676

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

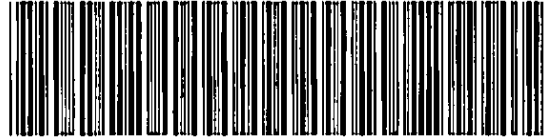
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/02/21-- 01009-- 028 **25.00

FILED
2021 AUG -3 AM 11:34
SECRETARY OF STATE
TALLAHASSEE, FL

AUG 10 2021
J. KINSE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2021 AUG -3 PM 12:17

July 24, 2021

KIMBERLY OTT
2401 UNIVERSITY PKWY
STE 206
SARASOTA, FL 34243 US

SUBJECT: ADULT ACUTE CARE CLINIC, LLC
Ref. Number: L21000018676

We have received your document for ADULT ACUTE CARE CLINIC, 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):

There is a fee of \$ due.

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) 245-6052.

SHAMIYA M HARRIS
Regulatory Specialist II

Letter Number: 221A00017289

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Adult Acute Care Clinic, 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:

Kimberly Ott

Name of Person

Adult Acute Care Clinic, LLC

Firm/Company

2401 University Parkway, Suite 206

Address

Sarasota, Florida 34243

City/State and Zip Code

Kott@adultacc.com

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

For further information concerning this matter, please call:

Kimberly Ott

330 466-5558
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

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

Adult Acute Care Clinic, 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 01/06/2021 and assigned
Florida document number L21000018676.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2401 University Parkway, Suite 206

Sarasota, Florida 34243

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2401 University Parkway, Suite 206

Sarasota, Florida 34243

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:

Kimberly Ott

New Registered Office Address:

2401 University Parkway, Suite 206

Enter Florida street address

Sarasota

City

Florida 34243

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.

Kimberly Ott
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>
AR	Tiffany Waiters, CPA	6600 University Parkway, Suite 102	<input type="checkbox"/> Add
		Sarasota, Florida 34240	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Kimberly Ott, APRN	2401 University Parkway, Suite 206	<input checked="" type="checkbox"/> Add
		Sarasota, Florida 34243	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

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.


Signature of a member or authorized representative of a member

Typed or printed name of signee