

121000499283

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

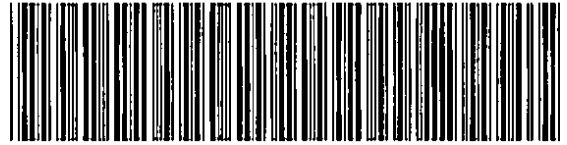
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800385015838

04/07/22 - 01025 - 012 + \$60.00

FILED

2022 APR - 7 PM 12:31

SECRETARY OF STATE  
TALLAHASSEE, FL

4/23/2022

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MORLANI 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:

DELANI LIMA  
Name of Person

MORLANI MEDICAL CENTER, LLC  
Firm/Company

12427 FAIRLAWN Dr R1  
Address

RIVERVIEW FL 33579  
City/State and Zip Code

delanilh@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DELANI LIMA at (561) 951 8449  
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

MORLANI MEDICAL CENTER

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
2022 APR 27 12:31  
CLERK OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 11/22/2021 and assigned  
Florida document number L21000499283.

This amendment is submitted to amend the following:

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

MORLANI MEDICAL CENTER, LLC

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)

12427 FAIRLAWN Dr  
RIVERVIEW FL 33579

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

*Enter Florida street address*

Florida

*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

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

NAME	ADDRESS	CITY	STATE	ZIP	PHONE	EMAIL	STATUS
MOR	AMORCE LIMA	12427 FAIRLAWN Dr					<input checked="" type="checkbox"/> Add
		Riverview FL 33579					<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
							<input type="checkbox"/> Add
							<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

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

AMORCE LIMA is my husband  
and I would like to add him.  
The name of the company doesn't  
change, it was a typo error. The name  
is supposed to be MORLANI MEDICAL  
CENTER NOT morlani Medical CENTER

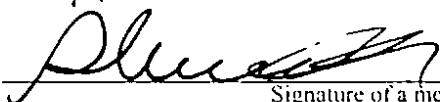
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 04/02/2022 . \_\_\_\_\_



Signature of a member or authorized representative of a member

DELANI LIMA

Typed or printed name of signee