

122000048598

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

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2022 MAR -8 AM 11:03  
SECRETARY OF STATE  
TALLAHASSEE, FL

A. BUTLER

MAR 21 2022

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Horizon West Pediatric Center, PLLC  
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:

Humberto Liriano  
Name of Person

Horizon West Pediatric Center, PLLC  
Firm/Company

5382 Bowman Drive  
Address

Winter Garden, FL 32787  
City/State and Zip Code

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

For further information concerning this matter, please call:

Humberto Liriano at ( 407 ) 848-9394  
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

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Center 2

SECRETARY OF STATE  
TALLANADEE, FL.  
1/27/2022 and

**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>
<u>MGR</u>	<u>Humberto A. Luevano</u>	<u>5382 Bowman Drive</u>	<input type="checkbox"/> Add
		<u>Winter Garden, FL 34787</u>	<input type="checkbox"/> Remove
		<u>_____</u>	<input checked="" type="checkbox"/> Change
<u>AMBR</u>	<u>Jesse Williams</u>	<u>3119 Gulfstream Rd</u>	<input checked="" type="checkbox"/> Add
		<u>Orlando, FL 32805</u>	<input type="checkbox"/> Remove
		<u>_____</u>	<input type="checkbox"/> Change
<u>AMBR</u>	<u>Kevin Young</u>	<u>16768 Broadwater</u>	<input checked="" type="checkbox"/> Add
		<u>Winter Garden, FL 34787</u>	<input type="checkbox"/> Remove
		<u>_____</u>	<input type="checkbox"/> Change
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add
		<u>_____</u>	<input type="checkbox"/> Remove
		<u>_____</u>	<input type="checkbox"/> Change
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add
		<u>_____</u>	<input type="checkbox"/> Remove
		<u>_____</u>	<input type="checkbox"/> Change
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add
		<u>_____</u>	<input type="checkbox"/> Remove
		<u>_____</u>	<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

Humbert A. LIRIANO  
Typed or printed name of signer

**Filing Fee: \$25.00**