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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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T. MATTHEWS

JUN - 9 2022

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SEMINOLE HEALTH PROFESSIONALS 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:

MAC ROOPANI
Name of Person
ROOPANI DEVELOPMENT CORPORATION
Firm/Company
9017 BAYWOOD PARK DRIVE
Address
SEMINOLE,FLORIDA 33777
City/State and Zip Code
NAUMANSALIMMD@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NAUMAN SALIM                      317        847-3669

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

22 APR 22 AM 10: 03

SEC  
DIVISION  
22 AF

SEMINOLE HEALTH PROFESSIONALS 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 03/07/2022 and assigned  
Florida document number L22000114842

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)

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

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>
MBR	FORTRESS	3635 MADISON CYPRESS DRIVE	<input checked="" type="checkbox"/> Add
	BUSINESS	LUTZ, FLORIDA 33558	<input type="checkbox"/> Remove
	MANAGEMENT LLC		<input type="checkbox"/> Change
MBR	INNOVATIONS HEALTH	3635 MADISON CYPRESS DRIVE	<input type="checkbox"/> Add
		LUTZ, FLORIDA 33558	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	APPLE TREE	2840 WESTBAY DRIVE SUITE 304	<input type="checkbox"/> Add
		BELLEAIR BLUFFS, FLORIDA 33770	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	GREEN WATER 101	3340 HIBISCUS DRIVE WEST	<input checked="" type="checkbox"/> Add
	MANAGEMENT LLC	BELLEAIR BEACH, FLORIDA 33786	<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

[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 signer

**Filing Fee: \$25.00**