

L9400000335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

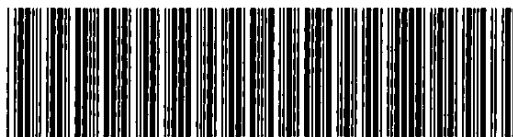
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. Gulligan DEC 24 2007

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Royal Palm Medical Center L.C.
(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:

Bob Camerlinck
(Name of Person)

Royal Palm Medical Center
(Firm/Company)

1410 Royal Palm Beach Blvd #A
(Address)

Royal Palm Beach, FL 33411
(City/State and zip Code)

For further information concerning this matter, please call:

Bob Camerlinck at (561) 790 2876
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> A25.00 Filing Fee | <input checked="" type="checkbox"/> A30.00 Filing Fee C
Certificate of Status | <input type="checkbox"/> A55.00 Filing Fee C
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> A60.00 Filing Fee,
Certificate of Status C
Certified Copy
(additional copy is enclosed) |
|--|--|---|---|

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 632T
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

07 DEC 21 AM 10:47

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Royal Palm Medical Center, L.C.

(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 7/19/1994 and assigned
Florida document number L94000000335.

This amendment is submitted to amend the following:

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

Royal Palm Medical Center LLC

The new name of the company shall end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

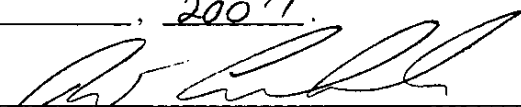
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add Remove
			<input type="checkbox"/> Add Remove
			<input type="checkbox"/> Add Remove
			<input type="checkbox"/> Add Remove
			<input type="checkbox"/> Add Remove
			<input type="checkbox"/> Add Remove

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

Dated 12/18/, 2007



Signature of a member or authorized representative of a member

Robert Camerlinck

Typed or printed name of signee