

MD80000002708

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

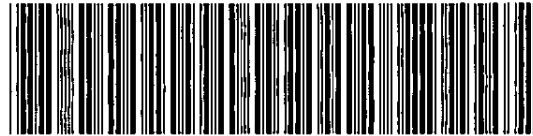
(Business Entity Name)

(Document Number)

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

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14 MAY - 1 PM 4:38

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MAY 02 2014

DRUCK



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 115574 7928165

AUTHORIZATION : *Spudelman*

COST LIMIT : \$ 25.00

ORDER DATE : May 1, 2014

ORDER TIME : 2:20 PM

ORDER NO. : 115574-005

CUSTOMER NO: 7928165

FOREIGN FILINGS

NAME: FL HUD BAYBREEZE, LLC

☐ CORPORATE  
☐ LIMITED PARTNERSHIP  
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Gray -- EXT# 52925

EXAMINER: \_\_\_\_\_

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CLERK OF STATE  
TALLAHASSEE FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FL HUD Baybreeze, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kimberly Ruggiero

Name of Person

Health Care Navigator, LLC

Firm/Company

4 West Red Oak Lane, Suite 201

Address

White Plains, NY 10604

City/State and Zip Code

kruggiero@hcnavigator.net

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

For further information concerning this matter, please call:

Kimberly Ruggiero

Name of Person

at (914) 390-4325

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

CR2E055 (12/13)

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TALLAHASSEE, FLORIDA

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-3 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of State: FL HUD Baybreeze, LLC
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: 06/09/2008

**SECTION II (4-7 complete only the applicable changes)**

4. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

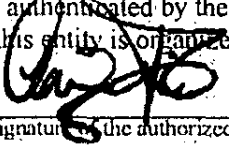
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: \_\_\_\_\_

6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: Please add the Authorized Persons

Craig Robinson, President and Amanda Garnier, Treasurer

7. Attached is an original certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized:

  
\_\_\_\_\_  
Signature of the authorized representative

Craig Robinson

Typed or printed name of signee

**Filing Fee: \$25.00**

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