

N 356 36

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

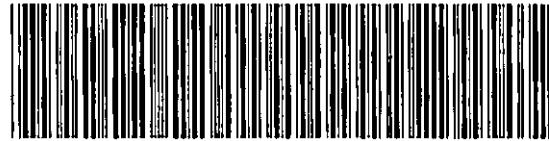
(Document Number)

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10/02/17--01013--018 **35.00

2016 JUN 22 11:11:07

G. GOLDEN

123 2013

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: The Lower Florida Keys Health System, Inc.

DOCUMENT NUMBER: N35636

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jill Cranney-Gage

(Name of Contact Person)

Lower Florida Keys Hospital District

(Firm/ Company)

P.O. Box 5403

(Address)

Key West, FL 33045

(City/ State and Zip Code)

Jcltkhda@aol.com

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

For further information concerning this matter, please call:

Jill Cranney-Gage

305

747-0395

at

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 26, 2017

JILL CRANNEY-GAGE
POST OFFICE BOX 5403
KEY WEST, FL 33045

SUBJECT: THE LOWER FLORIDA KEYS HEALTH SYSTEM, INC.
Ref. Number: N35636

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to make the correction(s) requested in our previous letter.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/>

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 017A00026037

RECEIVED
18 JAN 22 PM 3:18
PERMIT
SIGN
FOLLOW

*Changes have
been made*



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 4, 2017

JILL CRANNEY-GAGE
POST OFFICE BOX 5403
KEY WEST, FL 34045

SUBJECT: THE LOWER FLORIDA KEYS HEALTH SYSTEM, INC.
Ref. Number: N35636

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/>

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 217A00020093

RECEIVED
17 DEC 22 PM 12:29
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Vice Chair
Signed

Articles of Amendment
to
Articles of Incorporation
of

The Lower Florida Keys Health System, Inc.

2019 JAN 22 PM 1:07

(Name of Corporation as currently filed with the Florida Dept. of State)

N35636

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: _____

(Florida street address)

New Registered Office Address:

(City) Florida _____
(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Page 2 of 4

[illegible]

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

July 31, 2017

Effective date if applicable:

(no more than 90 days after amendment file date)

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.

Adoption of Amendment(s)

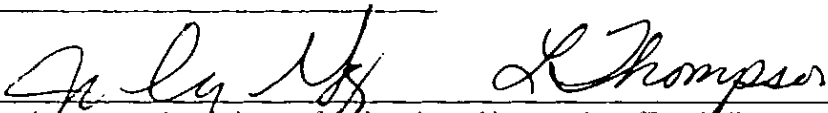
(CHECK ONE)

- ☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

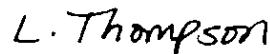
July 31, 2017

Dated

Signature


(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Jill Cranney-Gage



(Typed or printed name of person signing)

Registered Agent



(Title of person signing)