

L060000075847

(Requestor's Name)

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(Address)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

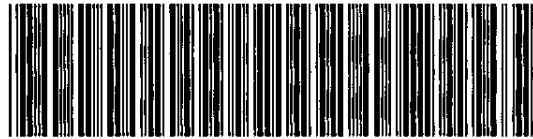
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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PREMIER SPORTS MEDICINE, 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:

ADAM M. GREENFIELD
Name of Person

Premier Sports Medicine, LLC
Firm/Company

1358 Mile Post Drive
Address

Dunwoody, GA 30338
City/State and Zip Code

agreenfield@premier-sportsmedicine.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adam M. Greenfield at (954) 592-4723
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**TO
ARTICLES OF ORGANIZATION
OF**

Premier Sports Medicine, 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 July 31, 2006 and assigned Florida document number L06000075847.

This amendment is submitted to amend the following:

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

PREMIER SPORTS MEDICINE OF FL, LLC.

The new name must be distinguishable and end with 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)

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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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			☐ Add
			☐ Remove
			☐ Add
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CLERK OF SUPERIOR COURT
 JUDICIAL BRANCH 1
 100 N. GLENN ST.
 TAMPA, FL 33602-4700
 TEL: 813-274-2000
 FAX: 813-274-2001
 WWW.COURTS.FL.GOV

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 PALM BEACH COUNTY

E. Effective date, if other than the date of filing: April 1, 2014 (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 18TH of March, 2014.


Signature of a member or authorized representative of a member
Adam M. Greenfield
Typed or printed name of signee

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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