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DIVISION OF CORPORATIONS
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T. HAMPTON

SEP 14 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHRISTOS DOCTORS INN WALK IN HEALTHCARE 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:

CHRISTOPHER J. SMITH
Name of Person

CHRISTOS DOCTORS INN WALK IN HEALTHCARE LLC
Firm/Company

280 SUNSHINE DRIVE
Address

COCONUT CREEK Florida 33066
City/State and Zip Code

SMITHCHRISTOPHER@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRISTOPHER J. SMITH at (954) 736-6975
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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CHRISTOS DOCTORS INN WALK IN HEALTH CARE 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 August 28, 2009 and assigned
Florida document number L09000083502

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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 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)

3850 COCONUT CREEK PKWY Suite F105
COCONUT CREEK FL. 33066

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

280 SUNSHINE DRIVE
COCONUT CREEK Florida 33066

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>
MGRM	Rudolph FOSTER	280 SUNSHINE DRIVE COCONUT CREEK FL. 33066	☐ Add ☒ Remove
MGRM	TAMARA JOHNSON	280 SUNSHINE DRIVE COCONUT CREEK FL. 33066	☐ Add ☒ Remove
MGRM	CYNTHIA JOHNSON	280 SUNSHINE DRIVE COCONUT CREEK FL. 33066	☐ Add ☒ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

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Dated 9/1/2009

Christopher Smith

Signature of a member or authorized representative of a member

CHRISTOPHER SMITH

Typed or printed name of signee