

LO9000 104379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

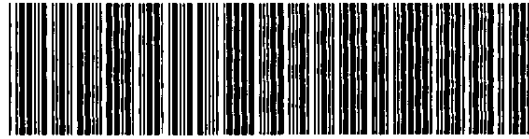
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200186733172

10/18/10--01015--015 **25.00

FILED
10 OCT 18 PM 1:58
TALLAHASSEE, FLORIDA

S. HAWKES
OCT 19 2010
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BAYSIDE INJURY CENTER 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:

Yoel del Sol Gonzalez
Name of Person
BAYSIDE INJURY CENTER LLC
Firm/Company
8316 N Hanley Rd ste 1-2
Address
Tampa, Florida 33634
City/State and Zip Code
gulfsidehealth@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yoel del Sol at (**813**) **890-7246**
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**

BAYSIDE INJURY CENTER 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 10/29/2009 and assigned Florida document number L09000104379.

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

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:

YOEL DEL SOL GONZALEZ

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

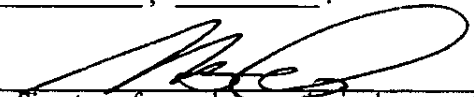
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	STEPHEN DIAMANTIDES	2901 W BUSCH BLVD STE 1018 TAMPA, FLORIDA 33618	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	YOEL Del Sol Gonzalez	2901 W BUSCH BLVD STE 1018 TAMPA, FLORIDA 33618	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

FILED
 10 OCT 18 PM 1:58

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

N/A

Dated OCTOBER 1, 2010



 Signature of a member or authorized representative of a member
 STEPHEN DIAMANTIDES

 Typed or printed name of signee

ACCEPTANCE OF REGISTERED AGENT

I, Yoel del Sol Gonzalez, am familiar with and accept the duties and responsibilities as registered agent for the corporation named Bayside Injury Center LLC. with document number L09000104379, and accept these duties and responsibilities as of the 1st day of October, 2010.



Yoel del Sol Gonzalez's Signature

FILED
10 OCT 18 PM 1:58
TALLAHASSEE, FLORIDA