

L10000024388

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

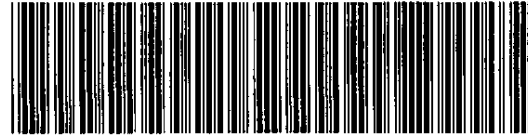
(Business Entity Name)

(Document Number)

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

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10 SEP - 7 AM 8:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan SEP - 9 2010

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 1910 medical Clinic 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:

John Quick MD  
Name of Person  
1910 medical Clinic LLC  
Firm/Company  
1793 W Hillsborough Ave  
Address  
Tampa FL 33603  
City/State and Zip Code  
1910 pain@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chris Jordan at (813) 625-1799  
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

1910 Medical Clinic LLC

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10 SEP -7 AM 8:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(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 3/04/2010 and assigned Florida document number L10000024388.

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)

1793 W Hillsborough Ave  
Tampa FL 33603

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1793 W Hillsborough Ave  
Tampa FL 33603

**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:

Christopher Jordan

New Registered Office Address:

1793 W Hillsborough Ave

Enter Florida street address

Tampa

City

, Florida

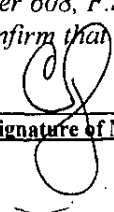
33603

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:

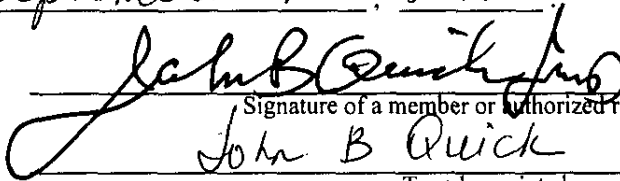
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGRM</u>	<u>Christopher Jordan</u>	<u>8711 Jasmine Garden Ct</u> <u>Tampa Fl 33615</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGRM</u>	<u>John B Quick</u>	<u>1793 W Hillsborough Ave</u> <u>Tampa Fl 33603</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated September 1, 2010

  
Signature of a member or authorized representative of a member  
John B Quick  
Typed or printed name of signee

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