L10000071510

(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:

L. SELLERS
AUG 20 2010
EXAMINER

Office Use Only

600184052786

08/19/10--01022--006 **25.00

FILED
10 AUG 19 PM 1:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Just Ladies Healthcare of Fort Pierce, 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:

Nancy Brown
Name of Person

FWC Management Company, LLC
Firm/Company

4205 W. Atlantic Avenue, #C-304
Address

Delray Beach, FL 33445
City/State and Zip Code

nbrown68@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nancy Brown at (561) 300-2413
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

Just Ladies Healthcare of Fort Pierce, 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 7/23/2010 and assigned Florida document number L10000077510.

This amendment is submitted to amend the following:

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

Just Ladies Healthcare of the Treasure Coast, 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)

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*

FILED
10 AUG 19 PM 5:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Title	Name	Address	Type of Action
_____	_____	_____	☐ Add ☐ Remove
_____	_____	_____	☐ Add ☐ Remove
_____	_____	_____	☐ Add ☐ Remove
_____	_____	_____	☐ Add ☐ Remove
_____	_____	_____	☐ Add ☐ Remove
_____	_____	_____	☐ Add ☐ Remove

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

_____

_____

_____

_____

_____

Dated _____, _____.

_____
Signature of a member or authorized representative of a member

Kenneth A. Konsker
_____
Typed or printed name of signee

Filing Fee: $25.00

Detail by Entity Name

Florida Limited Liability Company

JUST LADIES HEALTHCARE OF FORT PIERCE, LLC

Filing Information

Document Number	L10000077510
FEI/EIN Number	NONE
Date Filed	07/23/2010
State	FL
Status	ACTIVE

Principal Address

1304 N. LAWNWOOD CIRCLE
FORT PIERCE FL 34950 US

Mailing Address

4205 W. ATLANTIC AVENUE
SUITE C-304
DELRAY BEACH FL 33445 US

Registered Agent Name & Address

KONSKER, KENNETH A
4205 W. ATLANTIC AVENUE
SUITE C-304
DELRAY BEACH FL 33445 US

Manager/Member Detail

Name & Address

Title MGRM

FLORIDA WOMAN CARE, LLC
660 GLADES ROAD, #340
BOCA RATON FL 33431 US

Annual Reports

No Annual Reports Filed

Document Images

07/23/2010 -- Florida Limited Liability | View image in PDF format

Note: This is not official record. See documents if question or conflict.