

L130000 12411

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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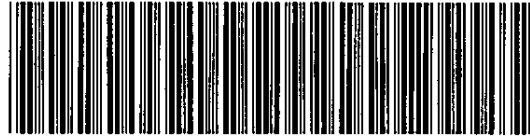
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

AUG 20 2015  
J. HARRIS

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Himes Walk in Clinic L.L.C  
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:

David P. Kaliv M.D.  
Name of Person

Himes Walk in Clinic L.L.C  
Firm/Company

7819 N Dale Mabry Hwy suite 114  
Address

Tampa FL 33614  
City/State and Zip Code

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

For further information concerning this matter, please call:

Arinna Alvarez at ( 813 ) 933 1096  
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

Himes Walk in Clinic L.L.C

(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 1/18/2013 and assigned Florida document number L13000012411.

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 contain 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)

7819 N. Dale Mabry Hwy  
Suite 114  
Tampa FL 33614

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7819 N. Dale Mabry Hwy  
Suite 114  
Tampa FL 33614

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:

David P. Kalin

New Registered Office Address:

7819 N Dale Mabry Hwy suite 114  
Enter Florida street address  
Tampa, Florida 33614  
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.

David P. Kalin  
If-Changing Registered Agent, Signature of New Registered Agent

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Jose Sanchez	8011 N Himes Ave suite 4	<input type="checkbox"/> Add
		Tampa FL 33614	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	David P. Kalin MD	7819 N Dale Mabry Hwy	<input type="checkbox"/> Add
		suite 114	<input type="checkbox"/> Remove
		Tampa FL 33614	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Jose M. Sanchez Passed away and we are moving to a different location.

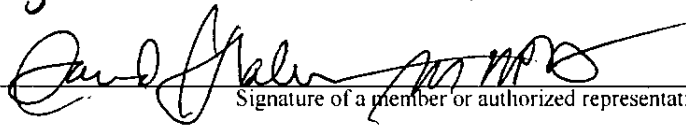
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated August 11, 2015



Signature of a member or authorized representative of a member

David P. Kaliv, MD.

Typed or printed name of signee

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CLERK OF THE  
STATE  
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