L14000147110

(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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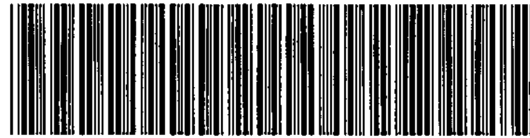

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OCT 29 2014
D. BRUCE

Daniel W. Uhlfelder, P.A.

Attorney at Law
124 East County Highway 30A
Santa Rosa Beach, Florida 32459

Telephone: 850/534-0246
Facsimile: 850/534-0985

October 23, 2014

Attn: Deborah Bruce, Reg. Spec II
Division of Corporations
Florida Department of State
PO Box 6327
Tallahassee FL 32314-6327

Dear Ms. Bruce:

Per your request, please find attached your cover letter along with the Articles of Amendment revising "D." to state that the business provides medical services.

If you have any questions or concerns, please let us know directly. Thank you for your prompt attention in this matter.

Respectfully submitted,

Linda J. Egan, Legal Assistant
Daniel W. Uhlfelder, PA

Attachment
cc: client

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 14, 2014

KYLE CHAVERS
128 LAKEVIEW DRIVE
SANTA ROSA BEACH, FL 32459

SUBJECT: FOUNDATIONS MEDICAL CENTER, LLC
Ref. Number: L14000147110

We have received your document for FOUNDATIONS MEDICAL CENTER, LLC and your check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific purpose of the entity must be set forth in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 214A00021986

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Foundations Medical 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:

Kyle Chavers
Name of Person

Firm/Company

128 Lakeview Drive
Address

Santa Rosa Beach, FL 32459
City/State and Zip Code

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

For further information concerning this matter, please call:

Kyle Chavers at (334) 714-8358
Name of Person — Area Code — Daytime Telephone Number

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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

Foundations Medical 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 9/19/2014 and assigned Florida document number 14000147110.

This amendment is submitted to amend the following:

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

Foundations Medical Center, PLLC

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*

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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.

____
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
______	______________	______________	☐ Add
		______________	☐ Remove
		______________	
______	______________	______________	☐ Add
		______________	☐ Remove
		______________	
______	______________	______________	☐ Add
		______________	☐ Remove
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		______________	☐ Remove
		______________	

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

medical services

E. **Effective date, if other than the date of filing:** _______________ **(optional)**
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 10/6/2014

Signature of a member or authorized representative of a member

Kyle Chavers

Typed or printed name of signee

Page 3 of 3

Filing Fee: $25.00

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