

L10000024529

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 May 10 PM 2:10

T. HAMPTON
MAY 11 2010
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ADVANCED PERSONNEL INJURY 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:

MICHELE CONNER

Name of Person

ADVANCED PERSONNEL INJURY CLINIC LLC

Firm/Company

7073 W WATERS AVE

Address

TAMPA FL 33634 US

City/State and Zip Code

PHOENIXBPG@MSN.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HUGO GAUBECA

Name of Person

at (813)

876-7226

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**

ADVANCED PERSONNEL INJURY CLINIC 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 03/04/2010 and assigned
Florida document number L10000024529.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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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: MICHELE CONNER

New Registered Office Address: 4102 TARTAN PL

Enter Florida street address

TAMPA, Florida 33624
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>
MGR	LINDA RIETVELD	7073 W WATERS AVE TAMPA FL 33634 US	☐ Add ☒ Remove
MGR	LESTER I PEREZ	7073 W WATERS AVE TAMPA FL 33634 US	☐ Add ☒ Remove
MGRM	MICHELE CONNER	4102 TARTAN PL TAMPA FL 33624	☒ Add ☐ Remove
MGR	LUIS YURIEL MACIAS	3021 GRAND AVE FORT MYERS FL 33901	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

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10 MAY 10 PM 2:10
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Dated

5, 6, 2010

Linda Rietveld
Signature of a member or authorized representative of a member

LINDA RIETVELD

Typed or printed name of signee