

L10000062980

(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:

FILED

Office Use Only



700188420087

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 DEC 15 AM 11:40

FILED

12/15/10--01010--011 **25.00

D. BRUCE

DEC 16 2010

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Faith Medical 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:

Shataria Bridges-Moss
Name of Person

Faith Medical Clinic LLC.
Firm/Company

20101 NW 34ct.
Address

Miami Gardens, FL 33056
City/State and Zip Code

gfmoss@bellsouth.net
E-mail address: (to be used for future annual report notification)

FILED
10 DEC 15 AM 9:40
CLERK OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Shataria B. Moss at (35) 525-7946
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**

Faith Medical 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 June 14 2010 and assigned Florida document number L10000062980

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)

845 NW 119 Street Suite B
North Miami, Florida
33168

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10825 S.W. 156 Terrace.
Miami, Florida.
33157.

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:

Eldridge Primus

New Registered Office Address:

10825 S.W. 156 Terrace.

Enter Florida street address

Miami

City

Florida

Zip Code

FILED
DEC 15 2010
CLERK OF DISTRICT COURT
JESSIE H. HARRIS

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.

Eldridge Primus
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
MGR	Eldridge Primus	10825 S.W. 156 Terr. Miami, Florida 33157.	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Shataria Bridges-Moss	20101 NW 34ct Miami Gardens, Florida 33056	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Jamallie Brown	20101 NW 34ct Miami Gardens, Florida 33056	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Tasha Gates	20101 NW 34ct Miami Gardens, Florida 33056	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Nancy Brown	20101 NW 34ct Miami Gardens, Florida 33056.	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated December 10, 2010.

Shataria Bridges-Moss.

Signature of a member or authorized representative of a member

Shataria Bridges-Moss.

Typed or printed name of signee

FILED
10 DEC 15 AM 11:40
CLERK OF STATE
TALLAHASSEE, FLORIDA