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(Re	questor's Name)	
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CUBICCT.	OASIS FAI	MILY PRACTICE, LLO	c		
SUBJECT:		Name of Limi	ted Liability Company		
The enclosed	Articles of An	endment and fee(s) are sub	nitted for filing.		
Please return	all corresponde	ence concerning this matter	to the following:		
		Grace A Dwyer MD			•
			Name of Person	·	
			Firm/Company		
		1251 SW 70TH AVE			
			Address		
		PLANTATION, FL 3	3317		
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	
		gdwyer@bellsouth.ne	et to be used for future annual repo	art notification)	
For further in	nformation cond	eerning this matter, please ca	·	on normeation)	
Grace A	Dwyer MD		at ()	0961	
	Name of Po	erson	Area Code 1	Daytime Telephone N	umber
Enclosed is a	check for the	following amount:			
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	Cer (d) Cer	.00 Filing Fee, rtificate of Status & rtified Copy ditional 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

OASIS FAMILY PRACTICE, LLC		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000174276</u>	were filed on 11/10/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and end with the words "Limited Liabi	ility 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 of registered agent and/or the new registered office address here		the name of the ne
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street address	The same
	, Florida	
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Grace A. Dwyer MD	1251 SW 70TH AVE	■ Add
		PLANTATION, FL 33317	□ Remove
			Add
			☐ Remove
			□ Add
			☐ Remove
			□ Add
			Add Add Remove
			33 Remove
			Add
			□ Remove

the date this document is filed by the Florida Department of State)	ir amending any other information, 6	enter change(s) nere: (Anach daan	ional sneets, if necessary.j
the date this document is filed by the Florida Department of State)			
the date this document is filed by the Florida Department of State)			
the date this document is filed by the Florida Department of State)			
the date this document is filed by the Florida Department of State)		* ***	
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 November 14 , 2014	Effective date, if other than the date (The effective date must be specific, cannot be p the date this document is filed by the Florida D	of filing:	(optional) t be more than 90 days after
2VV) 2 1 1/1/1	Dated November 14	2014	
		Duller (
Signature of a member or authorized representative of a member	<i>I</i>	ture of a member or authorized representati	ve of a member
Grace A Dwyer MD Typed or printed name of signee	Grace A Dwyer MD		

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Filing Fee: \$25.00

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