

L00000006406

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

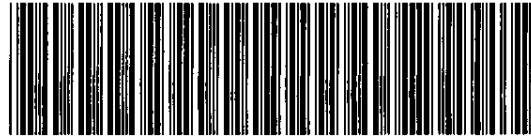
(Business Entity Name)

(Document Number)

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2011 DEC 22 AM 10:31  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS

DEC 27 2011

EXAMINER

**Tax & Financial Strategists, LLC**  
**Thomas Wanderon, E.A.**  
**28089 Vanderbilt Drive, Suite 201**  
**Bonita Springs, FL. 34134**  
**239-405-8395**  
**239-405-8544 (fax)**

December 21, 2011

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

To whom it may concern:

Enclosed herewith please find two filings to be filed in the following order:

- 1) Articles of Amendment to change the name of Naples Urgent Care, P.L. to McGann Medical Consulting, LLC, along with payment in the amount of \$55.00.
- 2) Articles of Organization for a Florida Limited Liability Company for a new entity titled Naples Urgent Care, LLC, along with payment in the amount of \$155.00.

Once the name change is filed first, the name "Naples Urgent Care, LLC" should be available.

If you have any questions, please call me at 239-287-0285 or send an email to [lyn@wondertax.com](mailto:lyn@wondertax.com).

Thank you for your assistance with these filings.

Sincerely,

  
Lyn Ciaffone, E.A.

LC

Enclosures as noted above.

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NAPLES URGENT CARE, P.L.  
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:

THOMAS WANDERON

Name of Person

TAX FINANCIAL STRATEGISTS, LLC

Firm/Company

28089 VANDERBILT DRIVE., SUITE 201

Address

BONITA SPRINGS, FL 34134

City/State and Zip Code

tom@wondertax.com

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

For further information concerning this matter, please call:

LYN CIAFFONE

Name of Person

at ( 239 )

405-8395

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

File  
1st

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

2011 DEC 22 AM 10:31

NAPLES URGENT CARE, P.L.

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 06/02/2000 and assigned  
Florida document number L00000006406.

This amendment is submitted to amend the following:

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

MCGANN MEDICAL CONSULTING, LLC

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:

TAX & FINANCIAL STRATEGISTS, LLC

New Registered Office Address:

28089 VANDERBILT DR., SUITE 201

*Enter Florida street address*

BONITA SPRINGS

, Florida

34134

*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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
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		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
		_____	

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

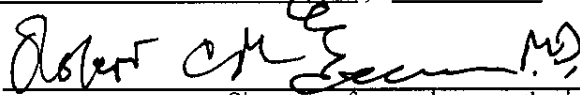
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HALLSSEE, FLORIDA

2011 DEC 22 AM 10:31

FILED

Dated DECEMBER 16, 2011



Signature of a member or authorized representative of a member

ROBERT C. MCGANN

Typed or printed name of signee