

L04000016665

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(Business Entity Name)

(Document Number)

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AUG 07 2014

S. YOUNG

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Piper Loop, 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:

Ashok Sonni, M.D.  
Name of Person

\_\_\_\_\_  
Firm/Company

3201 Medical Way, Suite # 101  
Address

Sebring, Florida 33870  
City/State and Zip Code

asonni33870@yahoo.com  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Debbie Anderson at (863) 382-0566  
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**

Piper Loop, 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 03/02/2004 and assigned Florida document number L04000016665.

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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2014

**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: Ashok Sonni, M.D.

New Registered Office Address: 3201 Medical Way, Suite 101  
Enter Florida street address

Sebring, Florida 33870  
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 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.*

Ashok Sonni  
**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>	<u>Address</u>	<u>Type of Action</u>
MGR	Sonni, Ashok, M.D.	3201 MedicalWay, Suite 101	<input checked="" type="checkbox"/> Add
		Sebring, Florida 33870	<input type="checkbox"/> Remove
MGRP	Rivera, Dr. Juan I	315 East Olympia Ave, Ste. 111	<input type="checkbox"/> Add
		Punta Gorda, Florida 33950	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. Effective date, if other than the date of filing: July 31, 2014 (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 July 31, 2014.

Ashok Sonni

Signature of a member or authorized representative of a member

ASHOK SONNI

Typed or printed name of signee

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14 AUG - 5 20 4 41  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

August 4, 2014

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

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14 AUG -6 PM 4:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RE: Piper Loop, LLC  
3201 Medical Way, Suite 101  
Sebring, Fl. 33870

To whom it may concern:

Please process enclosed paperwork regarding a new registered agent for Piper Loop, LLC.

My day time phone number is (863) 382-0566 or email [asonni33870@yahoo.com](mailto:asonni33870@yahoo.com) .

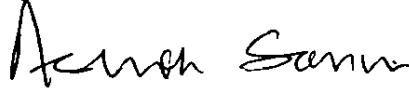
My return address is:

Ashok Sonni, M.D.

3201 Medical Way, Suite 101

Sebring Fl. 33870

Regards,



Ashok Sonni, M.D.