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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12 DEC 17 PM 4:41  
TALLAHASSEE, FLORIDA  
CLERK OF THE COURT

B. BOSTICK

DEC 19 2012

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: \_\_\_\_\_

Your Care Clinics, 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:

Milind Shastri

Name of Person

Your Care Clinics, LLC

Firm/Company

5985 - 49th St. No. 1

Address

St. Petersburg, FL 33709

City/State and Zip Code

drshastri@yourcareclinics.com

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

For further information concerning this matter, please call:

Milind Shastri

Name of Person

at (727) 409-6649

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

FILED  
TALLAHASSEE, FLORIDA

12 DEC 17 PM 4:41

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Your Care Clinics, 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 6/17/2004 and assigned  
Florida document number LO 4000045654

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)

PO Box 1606  
Pinellas Park, FL 33780

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12 DEC 17 PM 4:41  
TALLAHASSEE, FLORIDA

**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:

New Registered Office Address:

5985 - 49th St. North

Enter Florida street address

St. Petersburg

City

Florida

33709

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

**MGR = Manager**  
**MGRM = Managing Member**

Page 2 of 3

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

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Dated December 11, 2012.



Signature of a member or authorized representative of a member

Milind Shastri

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

**FILED**

12 DEC 17 PM 4:42

TALLAHASSEE, FLORIDA