L0600053868

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10/28/14

COVER LETTER

TO:	Registration Section
	Division of Corporation

SUBJECT: OAKSTEAD INTERNAL MEDICINE, 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:

JANET HEINIG
Name of Person
OAKSTEAD I.M., LLC
Firm/Company
6340 W. MACLAURIN DR.
Address
TAMPA, FL 33647
City/State and Zip Code
jnt1968@msn.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Janet Heinig	813 at (220-7316
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee □ \$30.00 Filin

□ \$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

OAKSTEAD INTERNAL MEDICINE, 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 Comp Florida document number <u>L-0600053868</u> <u>L</u> <u>O</u>	any were filed on 5/25/06 and assigned 6 0 0 0 0 5 3 8 6 8
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	TE CO
Enter new mailing address, if applicable:	3SSS PARA
(Mailing address MAY BE A POST OFFICE BOX)	E. F. OPI STATE 5
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Emer Pioriau Sireei aaaress
	, Florida City Zin Code
New Registered Agent's Signature if changing Registered Ag	,,

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.

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> Name **Address Type of Action** 6340 W. Maclaurin Dr. **Daniel Heinig** MGR Tampa, FL 33647 ☐ Remove □ Add ☐ Remove □ Add ☐ Remove ☐ Remove □ Remove

It amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
•	
Effective date, if other than the date of filing:	
Dated October 14, 2014.	
Love & Heinie	
Signature of a member or authorized representative of a member	
JANET HEINIG	

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Filing Fee: \$25.00