

LDL000058894

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

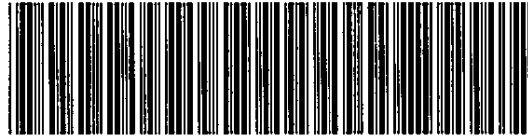
(Business Entity Name)

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2015 NOV 25 PM 4:57

SEC. OF REVENUE
TALLAHASSEE, FL 32310

11/25/15
11:00 AM

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Your Place Health Systems, 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:

Lorrie L. White

Name of Person

Your Place Health Systems, LLC

Firm/Company

4816 No Armenia Avenue, Suite A

Address

Tampa, Florida 33603

City/State and Zip Code

Lorrie@totalvitalitymedical.com

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

For further information concerning this matter, please call:

Lorrie L. White

727 953-6743
at ()
Area Code Daytime Telephone Number

Name of Person

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

Your Place Health System LLC

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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	Brian G. Wolstein, DC	24945 US Highway 19 North, Clea	☒ Add
			☐ Remove
			☐ Change
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			☐ Remove
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			☐ Remove
			☐ Change

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

2015 NOV 25 PM 12
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FBI
LABORATORY

205	10	25	12	11	54
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E. Effective date, if other than the date of filing: 10/1/2015 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated November 17, 2015

Signature of a member or authorized representative of a member

Sydel LeGrande, M.D.

Typed or printed name of signee