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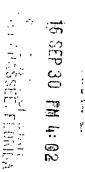
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COVER LETTER

TO: Amendment Section Division of Corporations

AME OF CORPORATION: MEDI POTOYON L.L.C
OCUMENT NUMBER: 0600062498
he enclosed Articles of Amendment and fee are submitted for filing.
lease return all correspondence concerning this matter to the following:
Thomas K. Willett Name of Contact Person MEDI POLANDON LLC Firm/ Company 412 E. Madison St #1100 Address Tampa FL 33W2 City/ State and Zip Code
E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call:
Kate Kossman at 813 , 225-1051
Name of Contact Person Area Code & Daytime Telephone Number
nclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Amendment Section
AIDERGIBERT SECTION Amendment Section

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

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 14, 2016

THOMAS K WILLETT 412 E MADISON ST #1100 TAMPA, FL 33602

SUBJECT: MEDI BRANDON, LLC Ref. Number: L06000062498

We have received your document for MEDI BRANDON, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 116A00019604

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	ECT: MEDI Brandon LLC	
	Name of Limited Liability Company	
The e	nclosed Articles of Amendment and fee(s) are submitted for filing.	
Please	e return all correspondence concerning this matter to the following:	
	Mame of Person	
	Med. Branclow LLC Firm/Company	
	42 E. Madison St #1100	
	Tamps FL 33602 City/State and Zip Code	
	Krossman @ Madium entloss Clinics. Com E-mail address: (to be used for future annual report notification)	`
For fu	rther information concerning this matter, please call:	
	Name of Person at (813) 235 - 1051 Area Code Daytime Telephone Number	
Enclo	sed is a check for the following amount:	
□ \$.	25.00 Filing Fee \$\begin{align*} \begin{align*} \be	

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

MEDI Brandon	LLC				
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records. Liability Company)				
The Articles of Organization for this Limited Liability Company Florida document number 1_0600064498	were filed on Ob/19/2006 and assigned				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:	412 E. Madison St.				
(Principal office address MUST BE A STREET ADDRESS)	SLITE 1100				
	Tompa Fr 33202				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)	- condu				
	SE SE				
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here					
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
	, Florida				
	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.

If Changing Registered Agent, Signature of New Registered Agent

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 = M $AMBR = A$	Manager - Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action		
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Filing Fee: \$25.00