

L06000080069

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

(Document Number)

Certified Copies _____

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Special Instructions to Filing Officer:

A. LUNT

MAY - 7 2010

EXAMINER

Office Use Only



000172932260

03/29/10--01027--010 **52.50

05/07/10--01009--016 **7.50

FILED
2010 MAY -6 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 31, 2010

DR. SHANMUGAPRIYA REDDY
11952 BOYETTE ROAD
RIVERVIEW, FL 33569

SUBJECT: SOUTHWEST FLORIDA RHEUMATOLOGY, LLC
Ref. Number: L06000080069

We have received your document for SOUTHWEST FLORIDA RHEUMATOLOGY, LLC and your check(s) totaling \$52.50. 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) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 110A00007935

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Southwest Florida Rheumatology, 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:

Shanmugapriya Reddy
Name of Person

Southwest Florida Rheumatology
Firm/Company

11952 Boyette Road
Address

Riverview FL 33569
City/State and Zip Code

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

For further information concerning this matter, please call:

Priya Reddy
Name of Person

at (813) 672 2243
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)

(I have enclosed a
check for balance
amount)

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

RECEIVED

2010 APR -9 AM 8:00

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

2010 MAY -6 PM 2:47

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2010 APR -9 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Southwest Florida Rheumatology, 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 Aug 14, 2006 and assigned
Florida document number L06000080069

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here: N/A

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)

11952 Boyette Road
Riverview FL 33569

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO Box 2779
Riverview FL 33568-2779

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: N/A

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: N/A

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

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

N/A

MGR = Manager
MGRM = Managing Member

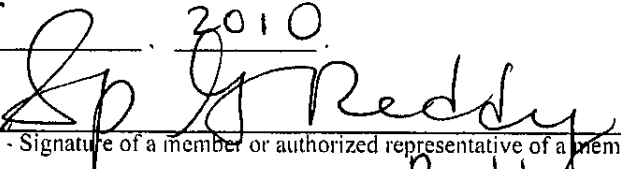
Title	Name	Address	Type of Action
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove

FILED
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TALLAHASSEE, FLORIDA

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

N/A

Dated April 5, 2010.


Signature of a member or authorized representative of a member
Shanmugapriya Reddy
Typed or printed name of signee