

L060000081000

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2012 JUN -1 PM 12:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

J. SAULSBERRY
EXAMINER
JUN 4 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hop Medical Services, PLLC
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:

Erica Chaplin
Name of Person

Firm/Company

10380 SW Village Center Drive
Address
Port St. Lucie, FL 34987
City/State and Zip Code
crm326@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Courtney Morgan at (305) 773-3744 OR
Name of Person Area Code & Daytime Telephone Number
Erica Chaplin 305-793-5212

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

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2012 JUN -1 PM 12:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Hop Medical Services,

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2012 JUN -12 PM 12:06
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

The Articles of Organization for this Limited Liability Company were filed on 8/16/2006 and assigned
Florida document number L06000081000

This amendment is submitted to amend the following:

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

Hop Medical Services, PLLC

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)

3001 NW 49th Avenue
Suite 202
Lauderdale Lakes, FL 33313

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

103 Park View
Victoria, TX 77904

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:

Erica Chaplin

New Registered Office Address:

10380 SW Village Center Drive Suite 1570
Enter Florida street address

Port St. Lucie, Florida 34987
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 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.

[Signature]
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:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Courtney Morgan	3001 NW 49 th Ave Suite 202 Lauderdale Lakes, FL 33313	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Erica Chaplin	3001 NW 49 th Ave Suite 202 Lauderdale Lakes, FL 33313	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 JUN -1 PM 12:06

FILED

Dated May 2, 2012

Signature of a member or authorized representative of a member

Courtney Morgan

Typed or printed name of signee