

LOG 0000 86600

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

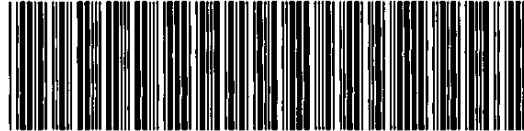
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100078982311

09/12/06--01020--015 **60.00

FILED

06 SEP 12 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9-13
CMA

FF \$25
cc/cus 35

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fransisco C Parra, M.D., 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:

Inger Garcia, Esq.

(Name of Person)

Mittelberg, Nicosia & Miron

(Firm/Company)

1700 University Drive, Suite 110

(Address)

Coral Springs, Florida 33071

(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 SEP 12 PM 2:33

FILED

For further information concerning this matter, please call:

Inger Garcia, Esq.

(Name of Person)

at

954

(Area Code & Daytime Telephone Number)

752-1213

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FRANSISCO C. PARRA, M.D., LLC.

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on August 31, 2006 and assigned
document number L06000086600.

SECOND: This amendment is submitted to amend the following:

1.- Please amend the NAME of the COMPANY (Article I)

FROM: FranSisco C. Parra, MD, LLC

TO: Francisco C. Parra, M.D., LLC.

2- Please amend the NAME of the MANAGER (Article V)

FROM: FranSisco C. Parra

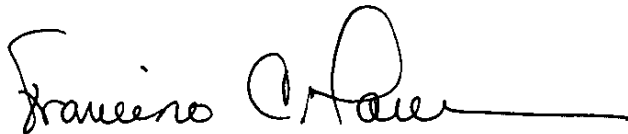
TO: Francisco C. Parra

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 SEP 12 PM 2:33

FILED

Dated September 7, 2006.



Signature of a member or authorized representative of a member

Francisco C. Parra

Typed or printed name of signee

Filing Fee: \$25.00