LOU 000098460

(Re	equestor's Name)	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 8, 2007

LUIS GALANO-LAVIN PO BOX 1930 LYNN HAVEN, FL 32444-6930

SUBJECT: MEDSTOP PL Ref. Number: L06000098660

We have received your document for MEDSTOP PL and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Because articles of correction must be submitted within 30 business days of the filed date, the enclosed document cannot be filed and is being returned to you.

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

A post office box is not an acceptable address for the registered agent.

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

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 707A00065054

107 DEC -3 PH 2:

COVER LETTER

TO: Registration of Division of	on Section f Corporations				
SUBJECT: MED	OSTOP PL, LLC		•		
	(Name	of Limited Liability Co	ompany)		
Dear Sir or Madam	:				
The enclosed Articl	les of Correction and fee(s)	are submitted for filing			
Please return all con	rrespondence concerning thi	s matter to the following	ng:		
Luis Galano-L	avin, MD (Name of Person)		_		
Medstop PL		· · · · · · · · · · · · · · · · · · ·	_		
PO Box 1930	(Firm/Company)				
CK & GY ON AND SELECTION OF THE SELECTIO	(Address) orida 32444-6930		_		
Lymin navem, Fit	(City/State and Zip Code)		_		
For further informa	tion concerning this matter,	please call:		2007 DEC SECRETA TALLAHA	
Luis Galano-Lav	in, MD	at (731	225 5659		C.SE
(1)	lame of Person)	(Area Code	& Daytime Telephone Number)	-3 SSE -3	
STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Centrallahassee, Florida	n utions uter Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	PH 2: 03 OF STATE E. FLORIDA	1.3
Enclosed is a check	for the following amount	•		·	
□ \$25 Filing Fee	☑ \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	□\$60 Filing Fee, Certificate of Status & Certified Copy		
en e	The state of the s	e <u>-</u>	• •		
CR2E062 (08/05)					

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MEDSTOP PL, LLC

	(A Florida Limited Liability Company)					
FIRST:	The Articles of Organization were filed on October 10, 2006 and assign document number L06000098660 and assignment number L060000098660 and assignment number L060000098660 and assignment number L060000098660 and assignment number L060000098660 and assignment number L0600000098660 and assignment number L060000098660 and assignment number L060000098660 and assignment number L0600000098660 and assignment number L0600000000000000000000000000000000000	med				
SECOND:	This amendment is submitted to amend the following:					
	Change of principal address: New principal address: 3003 State Highway 77 Suite A Lynn Haven, FL 32444					
	Change of mailing address: New mailing address: PO BOX 1930 Lynn Haven,	FL 32444-6930				
	Name correction of Treasurer: Correct name: Carmen C	<u> Galano</u>				
	Name correction of Registered Agent: Correct name: Luis Galar	o-Lavin, MD				
	The name of the Registered Agent is being corrected because	on the filing				
	information it appears as Galano-Lavin, Lavin MD. The first name	is wrong and				
	it should be Luis not Lavin the initials MD should follow the last name C	Salano-Lavin.				
		2007 DEC -3 F SECKETARY O				
November 28 , 2007						
	Signature of a member or buthorized representative of a member	2: 03				
	Luis Galano-Lavin, MD	•				

Filing Fee: \$25.00

Typed or printed name of signee