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## **COVER LETTER**

	Registration S Division of Co			
SUBJEC	Mindy Bla	ick, L.L.C.		
SOBJEC	~1. 	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Mindy Black		
			Name of Person	
		Mindy Black L.L.C.		
			Firm/Company	
		601 Magnolia St.		
			Address	
		Neptune Beach, FL 32266		
			City/State and Zip Code	
		mindy.black11@gmail.com		
			to be used for future annual report notif	ication)
For furth	er information of	concerning this matter, please co	all:	
David B			904 673-8312 at ()	
	Name o	of Person	Area Code Daytimo	Telephone Number
Enclosed	l is a check for t	he following amount:		
□ \$25.0	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

Mindy Black, L.L.C.	,	
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number L06000120396	mpany were filed on December 18, 2006	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
Dietitians of Palm Valley, LLC		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		1. 12.50 40 5000
(Principal office address MUST BE A STREET ADDRE	<u></u>	
		= 5
		16 DEC 23
Enter new mailing address, if applicable:		200
		a fel
(Mailing address MAY BE A POST OFFICE BOX)		
		10
		24
B. If amending the registered agent and/or registe		r the name of the new
registered agent and/or the new registered office addre	ss nere:	
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	Tilland dia	
<del></del>	, Florida _	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 = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
			Change
			□ Add
			□ Remove
			□ Change
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ffective date, if other than the	date of filing: January 1		(optional)	60.5 00.00
an effective date is listed, the date mus <b>Note:</b> If the date inserted in this blo	ock does not meet the appli	cable statutory filing requi		
ocument's effective date on the De	partment of State's record	S.		
e record specifies a delayed The 90th day after the reco		ot an effective time,	at 12:01 a.m. on the $f e$	arlier o
December 20	2016			
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N	11/2/			

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Typed or printed name of signee

Filing Fee: \$25.00