

LD7000054961

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

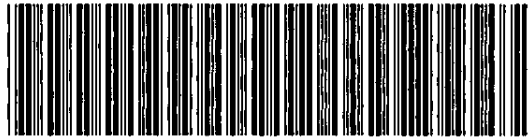
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 FEB 22 A 6:54 PM

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RECEIVED

FEB 24 2016

D. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CENTRAL FLORIDA REFERRAL GROUP 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:

JOHN CAMPBELL

Name of Person

CENTRAL FLORIDA REFERRAL GROUP, LLC

Firm/Company

235 SOUTH CENTRAL AVENUE

Address

OVIEDO, FL 32765

City/State and Zip Code

CHASINGTHEDREAM@BELLSOUTH.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN CAMPBELL

Name of Person

at (407)

Area Code

547-6216

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)

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

SECRETARY OF STATE
TALLAHASSEE, FL 32304

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

CENTRAL FLORIDA REFERRAL GROUP 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 5/23/2007 and assigned
Florida document number L07000054961.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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: JOHN CAMPBELL

New Registered Office Address: 235 SOUTH CENTRAL AVENUE

Enter Florida street address

OVIEDO, Florida 32765

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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	JOHN CAMPBELL	PO BOX 621676	<input checked="" type="checkbox"/> Add
		OVIEDO, FL 32762-1676	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	KIMBERLY CAMPBELL	PO BOX 621676	<input checked="" type="checkbox"/> Add
		OVIEDO, FL 32762-1676	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CHRISTOPHER M. YEMMA	3943 MCGUIRK CT	<input type="checkbox"/> Add
		OVIEDO, FL 32766	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CAROLE MEDICO	1152 NEEDLEWOOD LOOP	<input type="checkbox"/> Add
		OVIEDO, FL 32765	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DOROTHY M. WALTON	750 OLD MIMS ROAD	<input type="checkbox"/> Add
		GENEVA, FL 32732	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

SECRETARY OF
TALLAHASSEE, FL
2016 FEB 22 A

THE
FEDERAL
BUREAU OF
INVESTIGATION
UNITED STATES
DEPARTMENT OF JUSTICE

2016 FEB 22 A 6:54

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)


Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

2/18/16


Signature of a member or authorized

GAILEN J UNGERMAN

Typed or printed name of signee