# 107000057387

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APR 1 6 2010

EXAMINER

# **COVER LETTER**

TO: Registration Se Division of Cor				
SUBJECT: LALE	n BEACH ME	<del></del>	IC, LLC	The state of the s
	Name of Lin	nited Liability Company	*	4
The enclosed Articles of	Amendment and fee(s) are s	ubmitted for filing.		· · · · · · · · · · · · · · · · · · ·
Please return all correspo	ondence concerning this matt		. (1)	
	STEPHE	Name of Person	YOME, M.S	
		Name of Person	_	
	PALM BE	ACH MEDIC	AL CLINIC,	LLC
		Firm/Company	.1	<del></del> .
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	WELLINGT	ON, FL	33414-211	6
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	oncerning this matter, please		• 1	
STEPHEN	K. WOYOME,	m.6 a 561, 9	06-3292	
Name o	f Person	Area Cod	le & Daytime Telephone Num	ber
Enclosed is a check for the	he following amount:	•	1	
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee Certified Copy (additional copy	Certification is enclosed)	Filing Fee, icate of Status & ied Copy ional copy is enclosed)
		1	2-4 1-4	1

### 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

PALM BEACH MEDICAL CLINIC, 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 05 31 2007 and

Florida document number 407000057387

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 end with	h the words "Lin	nited Liability Company	" the designation "LLC	" or the abbreviation
"L.L.C."		a 4 5		
Enter new principal offices address, if applica	able:		į l	
(Principal office address MUST BE A STREET ADDRESS)		ξ.ξ. Σ. <del>τ</del>	, and a second	0
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Enter new mailing address, if applicable:		) t	,	<b>-</b> 95
(Mailing address MAY BE A POST OFFICE I	BOX)	;		- <b>3</b>
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B. If amending the registered agent and/or the new registered of	•		records, enter the	name of the nev
registered agent and/or the new registered or	·	· · · · · · · · · · · · · · · · · · ·	42 94.) 34.)	1
	•	\$		
Name of New Registered Agent:		• i		·
New Registered Office Address:		,	i	·
-	,	Enter	Florida street address	
	;	× {	, Florida !	:
	. !	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.

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 Address Type of Action **Title Name** LLINGTON TRACE Add SHANNA WOYOME MGR Remove ☐ Add Remove Add 🗌 Remove ☐ Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 12, 2010 Dated Signature of a member or authorized representative of a member STEPHEN LNASHIE Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00