

107000081252

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TALLAHASSEE, FLORIDA

K. SALY

NOV 20 2018



**Law Office of Craig B. Hill, P.L.**

50 Lake Morton Drive | Lakeland, Florida 33801  
phone 863.937.9381 | fax 863.937.9382 | [www.chill-law.com](http://www.chill-law.com)

**Craig B. Hill**  
[cbhill@chill-law.com](mailto:cbhill@chill-law.com)

November 2, 2018

Florida Department of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

*Via U.S. First Class Mail*

RE: TRUE MD, L.L.C.  
Document Number: L07000081252

Dear Sir or Madam:

Enclosed for filing are Articles of Amendment to Articles of Organization of TRUE MD, L.L.C. along with this firm's check number 4171.

Please let me know if you have any questions or comments. Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "CB Hill", written in a cursive style.

Craig B. Hill

Enclosures (as noted)

CBH/cmg

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TRUE MD, L.L.C.  
\_\_\_\_\_

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:

Craig B. Hill, Esquire

\_\_\_\_\_  
Name of Person

Law Office of Craig B. Hill, P.L.L.

\_\_\_\_\_  
Firm/Company

50 Lake Morton Drive

\_\_\_\_\_  
Address

Lakeland, FL 33801

\_\_\_\_\_  
City/State and Zip Code

cbhill@chill-law.com

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

For further information concerning this matter, please call:

Craig B. Hill

863 937-9381  
at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

Area Code

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

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

TRUE MD, L.L.C.

\_\_\_\_\_  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on August 7, 2007 and assigned  
Florida document number L07000081252.

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:

4935 Southfork Drive

(Principal office address MUST BE A STREET ADDRESS)

Lakeland, Florida 33813

Enter new mailing address, if applicable:

4935 Southfork Drive

(Mailing address MAY BE A POST OFFICE BOX)

Lakeland, Florida 33813

**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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida street address*

*City*

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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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TALLAHASSEE, FLORIDA

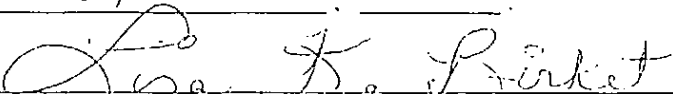
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 November 2, 2018

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Lisa K. Birket

\_\_\_\_\_  
Typed or printed name of signee