

L07000110437

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

N. Guillen

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **The Health Clinic, 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:

**Kristin Martin**

Name of Person

**Health Clinic, LLC**

Firm/Company

**1351 S Boulevard**

Address

**Chipley, FL 32428**

City/State and Zip Code

**kristin@healthclinicllc.com**

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

For further information concerning this matter, please call:

**kristin martin**

Name of Person

at ( **850** )

Area Code

**638-1230**

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

FILED  
2014 JAN 16 PM 12:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Health 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 10/31/2007 and assigned  
Florida document number L07000110437.

This amendment is submitted to amend the following:

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

N/A

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

Amer R. Malik

New Registered Office Address:

1351 S Boulevard

Enter Florida street address

Chipley

City

Florida 32428

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>                      |
|--------------|-----------------|-------------------------------------|--|
| MGRM         | Ismail M. Zabih | 1000 Ohio Ave, Lynn Haven, FL 32444 | <input type="checkbox"/> Add               |
|              |                 |                                     | <input checked="" type="checkbox"/> Remove |
|              |                 |                                     | <input type="checkbox"/> Add               |
|              |                 |                                     | <input type="checkbox"/> Remove            |
|              |                 |                                     | <input type="checkbox"/> Add               |
|              |                 |                                     | <input type="checkbox"/> Remove            |
|              |                 |                                     | <input type="checkbox"/> Add               |
|              |                 |                                     | <input type="checkbox"/> Remove            |
|              |                 |                                     | <input type="checkbox"/> Add               |
|              |                 |                                     | <input type="checkbox"/> Remove            |
|              |                 |                                     | <input type="checkbox"/> Add               |
|              |                 |                                     | <input type="checkbox"/> Remove            |

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

N/A

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 more than 90 days after filing.) (605.0207 (3)(b))

Dated December 31, 2013

Signature of a member or authorized representative of a member

Amer. R. Malik

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA