

L07000110864

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

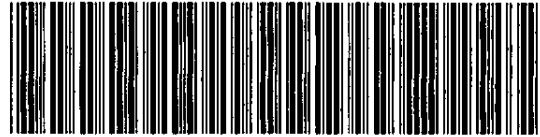
Special Instructions to Filing Officer:

A. LUNT

NOV 18 2009

EXAMINER

Office Use Only



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10/22/09--01022--001 **60.00

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2009 NOV 17 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 2, 2009

PHILLIP M. LINDSAY **2ND MAILING**
P.O. BOX 16267
CLEARWATER, FL 33766

SUBJECT: PRECISION PULMONARY, LLC
Ref. Number: L07000110864

We have received your document for PRECISION PULMONARY, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The last page of the amendment was not signed.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 009A00033865



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 23, 2009

PHILLIP M. LINDSAY
2194 MAIN STREET SUITE O
DUNEDIN, FL 34698

SUBJECT: PRECISION PULMONARY, LLC
Ref. Number: L07000110864

We have received your document for PRECISION PULMONARY, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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Agnes Lunt
Regulatory Specialist II

Letter Number: 009A00033865

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Precision Pulmonary 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:

Phillip M. Lindsay
Name of Person

Precision Pulmonary LLC
Firm/Company

2194 Main St Suite O
Address

Dunedin, FL 34698
City/State and Zip Code

Kimay Johnson@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Phillip M. Lindsay at (27) 216-6568
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**

Precision Pulmonary, 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 11/01/2007 and assigned
Florida document number L070000110864

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 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)

2194 Main St.

Suite 0

Dunedin FL 34698

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 16267

Clearwater FL 33766

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:

Phillip M. Lindsay

New Registered Office Address:

2194 Main St. Suite 0

Enter Florida street address

Dunedin

City

Florida

34698

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.

Phillip M. Lindsay
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Brandon Womack	115 Deerpath Dr Oldsmar, FL 34677	<input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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FILED
TALLAHASSEE, FLORIDA
CLERK OF COURT
JANICE L. HARRIS

FILED

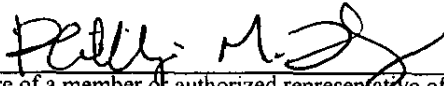
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Registered Agent Name & Address Update for Phillip M Lindsay:

Old Address: 8120 4th Street North, Suite 1 Saint Petersburg, FL 33702

New Address: 2194 Main Street, Suite O Dunedin, FL 34698

Dated November 5, 2009



Signature of a member or authorized representative of a member

Phillip M Lindsay

Typed or printed name of signee