

L08000010219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

L08-10219

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09 FEB -5 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES
FEB 06 2009
EXAMINER

S. HAWKES
JAN 26 2009
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 26, 2009

MERRY MCCREEDY
18230 RIVERCHASE CT
ALVA, FL 33920

SUBJECT: BEFORE & AFTER MEDICAL SOLUTIONS, LLC
Ref. Number: L08000010219

We have received your document for BEFORE & AFTER MEDICAL SOLUTIONS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 809A00002782

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **BEFORE & AFTER MEDICAL SOLUTIONS, 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:

MERRY MCCREEDY

(Name of Person)

BEFORE & AFTER MEDICAL SOLUTIONS, LLC

(Firm/Company)

18230 RIVERCHASE CT

(Address)

ALVA, FL 33920

(City/State and Zip Code)

For further information concerning this matter, please call:

MERRY MCCREEDY

(Name of Person)

at (239) 297-5085

(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**

BEFORE & AFTER MEDICAL SOLUTIONS, 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 JANUARY 29, 2008 and assigned
Florida document number L08000010219.

This amendment is submitted to amend the following:

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

BEFORE & AFTER OPTIONS, LLC

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)

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:

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 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)

ag the Managers or Managing Members on our records, enter the title, name, and address of each Manager
aging Member being added or removed from our records:

R = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	ANDY MCCREEDY	18230 RIVERCHASE CT ALVA, FL 33920	<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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 10

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

Dated JANUARY 30, 2009.

Merry McCreedy
 Signature of a member or authorized representative of a member
MERRY MCCREEDY
 Typed or printed name of signee