

L080000016259

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

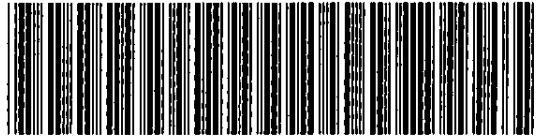
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000114818350

02/29/08--01018--012 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 FEB 29 PM 3:41

J. BRYAN

MAR - 3 2008

EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Immediate OCC Med Services
(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:

Jeffry C. Faine
(Name of Person)

Immediate OCC Med Services
(Firm/Company)

12010 NW15TH ST
(Address)

Pembroke Pines FL33026
(City/State and Zip Code)

For further information concerning this matter, please call:

Jeffry C. Faine at (954) 885-7911
(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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 FEB 29 PM 3:41

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

FILED
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
08 FEB 29 PM 3:41

Immediate OCC Med Services 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 FEB.8,2008 and assigned
Florida document number LD8000016259.

This amendment is submitted to amend the following:

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

Same

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

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: Jeffry C. Faine

New Registered Office Address: 8230 NW 51 ST
(Enter Florida street address)

Lauderhill, Florida 33351
(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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Jeffry C. Faine	Jeffry C. Faine 12010 NW 15th ST Pembroke Pines FL 33026	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Amy Tecosky	Amy Tecosky 12010 NW 15th ST Pembroke Pines, FL 33026	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Marc Tecosky	Marc Tecosky 12010 NW 15th ST Pembroke Pines, FL 33026	<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

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

Principal Office Address

12010 NW 15TH ST

Pembroke Pines FL 33026

Dated

FEB 19, 2008

Jeffry C Faine

Signature of a member or authorized representative of a member

JEFFRY C FAINE

Typed or printed name of signee

08 FEB 29 PM 3:41

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS