

L08000026606

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

AUG 17 2011

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: COMPREHENSIVE VEIN CENTER
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:

TOM TRAN

Name of Person

COMPREHENSIVE VEIN CENTER

Firm/Company

1050 OLD CAMP ROAD SUITE 202

Address

THE VILLAGES, FL 32162

City/State and Zip Code

TOM@TTRANPA.COM

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

For further information concerning this matter, please call:

TOM TRAN

Name of Person

at (352)

259-5960

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

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TALLAHASSEE, FLORIDA

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

COMPREHENSIVE VEIN CENTER

(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 8/13/2008 and assigned
Florida document number L08000026606.

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)

1050 OLD CAMP ROAD SUITE 202

THE VILLAGES, FL 32162

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1050 OLD CAMP ROAD SUITE 202

THE VILLAGES, FL 32162

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

Florida

City

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SECRETARY OF STATE
TALLAHASSEE, 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

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	ANTHONY ALATRISTE MC	8366 TIBBET BUTLER DRIVE WINDERMERE, FL 34786	<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

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

MICHAEL G. RICHARDS ADDRESS CHANGE TO NEW ADDRESS:

15828 CHESTNUT LANE

TAVARES, FL 32778

Dated AUGUST 10, 2011

Signature of a member or authorized representative of a member

TOM TRAN

Typed or printed name of signee

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TALLAHASSEE FLORIDA