

208000049417

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

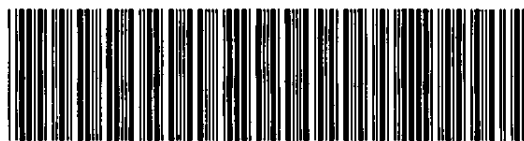
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100256755951

100256755951
02/17/14--01013--014 **60.00

FILED

2014 FEB 17 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 18 2014
D. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Central Florida Stem Cell 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:

Aileen Delehanty

Name of Person

A B Delehanty CPA

Firm/Company

7300 Mackerel Ln

Address

Hudson Fl 34667

City/State and Zip Code

sharpboater@yahoo.com

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

For further information concerning this matter, please call:

Aileen Delehanty

Name of Person

727 697-3638

at (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
2014 FEB 17 AM 9:58
TALLAHASSEE, FL
SECRETARY OF STATE

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

Central Florida Stem Cell 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 May 16 2008 and assigned Florida document number L08000049417.

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)

12 Dodecanese Blvd

Tarpon Springs FL 34689

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

12 Dodecanese Blvd

Tarpon Springs FL 34689

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:

Anthony T Leon

New Registered Office Address:

12 Dodecanese Blvd

Enter Florida street address

Tarpon Springs

City

Florida 34689

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.

Anthony T. Leon
If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

FILED

2014 FEB 17 AM 9:58

Add Remove

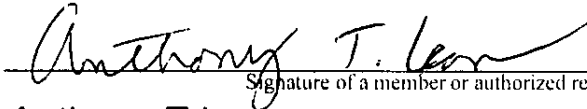
☐ ARY
☒ STATE
FLORIDA

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated Feb 14, 2014



Signature of a member or authorized representative of a member

Anthony T Leon

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2014 FEB 17 AM 9:58
CLERK OF STATE
TALLAHASSEE FLORIDA