

LOG 000068890

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

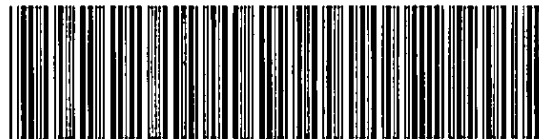
(Business Entity Name)

(Document Number)

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2021/03/26 PM 1:39

6/7/21



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2021 JUN -1 PM 1:33

May 17, 2021

LANCE LEIDER  
1101 DOUGLAS AVE. STE 1000  
ALTAMONTE SPRINGS, FL 32714

SUBJECT: JAMES J. MCCLELLAND, M.D., P.L.  
Ref. Number: L08000068890

We have received your document for JAMES J. MCCLELLAND, M.D., P.L. 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 registered agent must sign accepting the designation.

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) 245-6050.

Alecia Rivers  
Regulatory Specialist II

Letter Number: 221A00010344

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Central Florida Infectious Diseases Group, P.L.  
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:

Lance O. Leider, Esquire

Name of Person

The Health Law Firm, P.A.

Firm/Company

1101 Douglas Avenue, Ste. 1000

Address

Altamonte Springs, Florida 32714

City/State and Zip Code

courtfilings@thehealthlawfirm.com

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

For further information concerning this matter, please call:

Lance Leider

407 331-6620  
at ( )

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

James J. McClelland, M.D., P.L.

(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 July 16, 2008 and assigned  
Florida document number 108000068890

This amendment is submitted to amend the following:

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

Central Florida Infectious Diseases Group, P.L.

The new name must be distinguishable and contain 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:

Wilfred Onyia, M.D.

New Registered Office Address:

300 N. Orange Avenue, Suite A

*Enter Florida street address*

Orlando

Florida 32804

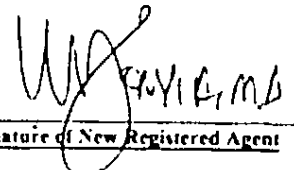
*City*

*Zip Code*

2008 NOV - 3  
PM 1:39

**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.*



If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member


<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Wilfred Onyia, M.D.	300 N. Orange Avenue	<input checked="" type="checkbox"/> Add
		Suite A	<input type="checkbox"/> Remove
		Orlando, Florida 32804	<input type="checkbox"/> Change
AMBR	Kristina M. Jose	300 N. Orange Avenue	<input checked="" type="checkbox"/> Add
		Suite A	<input type="checkbox"/> Remove
		Orlando, Florida 32804	<input type="checkbox"/> Change
MGRM	James J. McClelland, M.D.	876 Old English Avenue	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
		Winter Park, Florida 32789	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

March 23 2021



Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**