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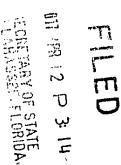
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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S Warren APR 13 2017



April 7, 2017

ARTURO CASTRO 2825 ST BARTS SQ VERO BEACH, FL 32967

SUBJECT: ENDOCRINE CLINIC OF WEST FLORIDA, LLC

Ref. Number: L08000096606

We have received your document for ENDOCRINE CLINIC OF WEST FLORIDA, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

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) 245-6051.

Stacey M Warren Regulatory Specialist II

Letter Number: 517A00006804

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ENDOCRINE CLINIC OF WEST PLANIDA 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:
ARTURO CASTRO Name of Person
Name of Person
Firm/Company
2825 ST BARTS SQ.
VERD BEACH EL 32967
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
ARTURO (\$772) at (904) 536 - 0964 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status
check already sent previously (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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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ENDOCRINE CLINIC OF WEST FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Florida Limited Liab	pility Company)			
The Articles of Organization for this Limited Liability Company we Florida document number	ere filed onand assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabilit	y company here:			
COASTAL ENDOCLINOLOG	Y LLC			
COASTAL ENDOCRINOLOG The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "L.L.C." 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 registered agent and/or the new registered office address here:	2825 ST BARTS SQ VERO BEACH FL 32967 The address on our records, enter the name of the new many many many many many many many many			
Name of New Registered Agent:				
New Registered Office Address:				
Enter Florida street address				
	. Florida			
	, Florida City Zip Code			
New Registered Agent's Signature, if changing Registered Agent:	m /4			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and I am familiar with and ovided for in Chapter 605, F.S. Or, if this document is address. I hereby confirm that the limited liability			
If Changio	ng Registered Agent, Signature of New Registered Agent			
Page 1 o				

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: NA MGR = Manager AMBR = Authorized Member **Type of Action Title** <u>Name</u> <u>Address</u> □ Add □ Remove ☐ Change _□ Remove _□ Change _ Add _□ Remove _□ Change _ 🗖 Add _□ Remove ☐ Change □ Add □ Remove □ Ada l □ Remove

☐ Change

	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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m effect ote: If	e date, if other than the date of filing:	20° l a:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier Oth day after the record is filed.	- c
ted _	4/10/2017	
-		
	Signature of a member or authorized representative of a member	
	Typed or printed name of signee	
	Page 3 of 3	
	Filing Fee: \$25.00	