

LO8000094666

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

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07 APR 12 P 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren

APR 13 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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 FLORIDA
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

Firm/Company

2825 ST BARTS SQ

Address

VERO BEACH FL 32967

City/State and Zip Code

ECOWF @ HOTMAIL.COM

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

APR 13 PM 3:08

For further information concerning this matter, please call:

ARTURO CASTRO

Name of Person

at (904)

Area Code

536-0964

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)

check already sent previously

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

SW

**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)

The Articles of Organization for this Limited Liability Company were filed on 10/13/2008 and assigned
Florida document number L08000096606

This amendment is submitted to amend the following:

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

COASTAL ENDOCRINOLOGY LLC

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) _____

2825 ST BARTS SQ
VERO BEACH FL 32967

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:

n/a

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

City

, Florida

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

n/a

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

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TREASURY FLORIDA

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

n/a

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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SECRETARY OF STATE
TREASURY, FLORIDA
JUN 19 2 3 14
RECEIVED

[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.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00

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JUN 12 P 3:14
CLERK OF STATE
TALLAHASSEE, FLORIDA