

L08000107590

(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



500163638505

12/18/09--01003--020 **220.00

RECEIVED

09 DEC 18 AM 10:45

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

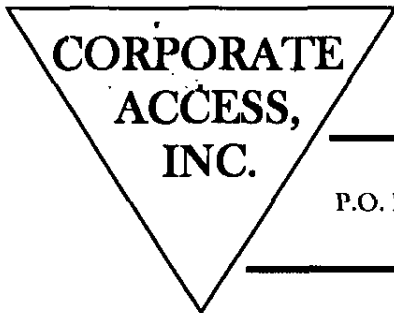
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 DEC 18 PM 1:18

B. KOHR

DEC 18 2009

EXAMINER



When you need ACCESS to the world

236 East 6th Avenue . Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 DEC 18 PM 1:18

WALK IN

PICK UP:

12/18 Emily



CERTIFIED COPY



PHOTOCOPY



CUS



FILING

Amend

1.

Payroll Holdings, LLC
(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 DEC 18 PM 1:18

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

Page 1 of 2

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

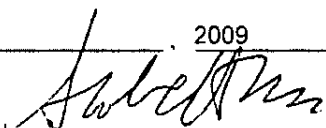
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	David Schillinger, MD	3107 Stirling Road, Suite 300 Fort Lauderdale, FL 33312	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Sarah C. H. Crass	6400 Atlantic Boulevard Jacksonville, FL 32211	<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

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

Dated December _____

2009



Signature of a member or authorized representative of a member

SARA C. H. CRASS, Manager

Typed or printed name of signer