

L09000003223 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

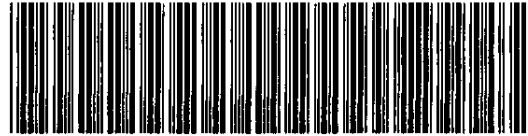
(Business Entity Name)

(Document Number)

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B. BOSTICK
OCT 20 2011
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Northwest Florida Diabetes Center, 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:

Alice Darlene Martin
Name of Person
Northwest Florida Diabetes Center, LLC
Firm/Company
490 Whitman Way
Address
Freeport, FL 32439
City/State and Zip Code
dmartin729@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alice Darlene Martin at (850) 499-7634
Name of Person Area Code & Daytime Telephone Number

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STATE

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

Northwest Florida Diabetes Center, LLC

Northwest Florida Diabetes and Metabolic Center, LLC

552 Twin Cities Blvd, Suite A
Niceville, FL 32578

same as originally filed

Zip Code

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>
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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TALLAHASSEE, FLORIDA

Dated 12 October, 2011.

Alice Darlene Martin
Signature of a member or authorized representative of a member
Alice Darlene Martin
Typed or printed name of signee