

L 09000003227

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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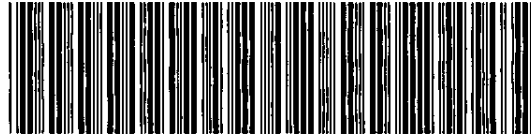
(Business Entity Name)

(Document Number)

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J. Shivers NOV 05 2013

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Northwest Florida Diabetes & Metabolic 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:

Patricia Fletcher

Name of Person

Northwest Florida Diabetes & Nutrition Center, LLC

Firm/Company

4850 Aunt Mary's Loop

Address

Crestview, FL 32539

City/State and Zip Code

1mandy2@cox.net

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

For further information concerning this matter, please call:

Patricia Fletcher

Name of Person

at ( 850 ) 482-1830

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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FL  
NOV 14 2 12 PM '05

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

Northwest Florida Diabetes & Metabolic Center, LLC

(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 01/12/2009 and assigned  
Florida document number L09000003223.

This amendment is submitted to amend the following:

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

Northwest Florida Diabetes & Nutrition Center, LLC

The new name must be distinguishable and end with 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)**

602 S Main Street

Crestview, FL 32536

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

P.O. Box 1854

Crestview, FL 32539

**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:

Patricia Fletcher

New Registered Office Address:

4850 Aunt Mary's Loop

*Enter Florida street address*

Crestview

*City*

, Florida 32539

*Zip Code*

**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 608, 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.*

Patricia Fletcher  
**If Changing Registered Agent, Signature of New Registered Agent**

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>
MGRM	Alice Martin	490 Whitman Way	<input type="checkbox"/> Add
		Freeport	<input checked="" type="checkbox"/> Remove
		FL 32439	
MGRM	Deanna Howard-Gonzalez	290 Brian Circle	<input checked="" type="checkbox"/> Add
		Mary Esther, FL 32569	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<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.)

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Dated October 31, 2013

Patricia Fletcher

Signature of a member or authorized representative of a member

Patricia Fletcher

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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13 NOV -11 PM 12:05  
TALLAHASSEE, FLORIDA