

L09000023603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

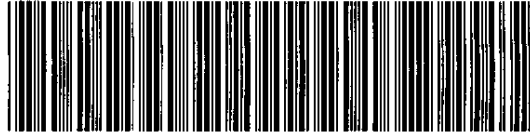
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
09 JUL 21 AM 11:30

T. HAMPTON

JUL 22 2009

EXAMINER



COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ZY MANAGEMENT, 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:

DEBBIE CREGO
Name of Person

DEBBIES ACCOUNTING SERVICE INC
Firm/Company

PO BOX 16952
Address

JACKSONVILLE, FL 32245-6952
City/State and Zip Code

TOMCREGO@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DEBBIE CREGO at (**904**) **733-4547**
Name of Person 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

09 JUL 21 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

July 7, 2009

DEBBIE CREGO
DEBBIES ACCOUNTING SERVICE INC
P O BOX 16952
JACKSONVILLE, FL 32245-6952

SUBJECT: ZY MANAGEMENT, LLC
Ref. Number: L09000023603

We have received your document for ZY MANAGEMENT, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a professional limited liability company must end with P.L., P.L.C., P.L.L.C., PL, PLC, PLLC, PROFESSIONAL LIMITED COMPANY, CHARTERED, or PROFESSIONAL LIMITED LIABILITY COMPANY.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 409A00023221

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

ZY MANAGEMENT, 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 06/29/2009 and assigned Florida document number L09000023603.

This amendment is submitted to amend the following:

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

ZHI YU, M.D., PLLC

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)

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DIVISION OF CORPORATIONS
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Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7709 BURNT OAK TRAIL
JACKSONVILLE, FL 32256

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____

City

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.

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

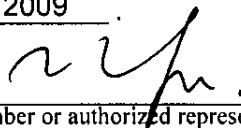
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Article III: The purpose for which this corporation is organized is: _____

To engage in the lawful practice of medicine. _____

Dated JUNE 29TH, 2009



Signature of a member or authorized representative of a member

ZHI J. YU

Typed or printed name of signee

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 DIVISION OF CORPORATIONS
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