

LD9 000028463

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

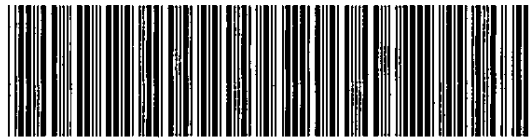
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G. MCLEOD

JUL 23 2009

EXAMINER



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07/22/09--01010--009 **30.00

FILED
SECRETARY
DIVISION OF CO
09 JUN 22 AM 8:18

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: REFLECTIONS OB/GYN 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:

MICHAEL S GEMMELL

Name of Person

2010 SOLUTIONS INC

Firm/Company

2077 SEAWIND COURT

Address

INDIALANTIC FL 32903

City/State and Zip Code

mikege2010@msn.com

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

For further information concerning this matter, please call:

MICHAEL S GEMMELL

Name of Person

at (321) 773-9516

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

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

REFLECTIONS OB/GYN, 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 03/24/2009 and assigned
Florida document number L09000028463.

This amendment is submitted to amend the following:

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

REFLECTIONS OBGYN 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)

1705 BERGLUND LANE STE 102

VIERA FL 32940

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1705 BERGLUND LANE STE 102

VIERA FL 32940

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:

Address Change ONLY

New Registered Office Address:

1705 BERGLUND LANE STE 102

Enter Florida street address

VIERA

City

, Florida

32940

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>
MGRM	MARK A SARGENT	PLEASE CORRECT ADDRESS 1705 BERGLUND LANE STE 102 VIERA FL 32940	<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
			<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.)*

PLEASE REFLECT CHANGES AS FOLLOWS:

1. NAME OF LLC MUST CONTAIN NO COMMAS OR SLASHES NAME OF

LLC SHOULD BE "REFLECTIONS OBGYN LLC" TO MATCH IRS RECORDS

2. ADDRESS WAS ORIGINALLY FILED INCORRECTLY, IE SPELLING & STE #

CORRECT = "1705 BERGLUND LANE STE 102 VIERA FL 32940"


Dated JULY 17th, 2009



Signature of a member or authorized representative of a member

MARK A SARGENT, MGRM

Typed or printed name of signee

 **Department of the Treasury**
Internal Revenue Service
Ogden, UT 84201

In reply refer to: 0241361851
Jun 17, 2009 LTR 147C
26-4527607

REFLECTIONS OBGYN LLC
MARK A SARGENT SOLE MBR
1705 BERGLUND LN STE 102
VIERA FL 32940-0000 000

Taxpayer Identification Number: 26-4527607

Form(s):

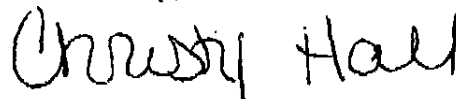
Dear Taxpayer:

This letter is in response to your telephone inquiry of June 17th, 2009.

Your Employer Identification Number (EIN) is 26-4527607. Please keep this number in your permanent records. You should enter your name and your EIN, exactly as shown above, on all business federal tax forms that require its use, and on any related correspondence documents.

If you have any questions regarding this letter, please call our Customer Service Department at 1-800-829-0115 between the hours of 7:00 AM and 10:00 PM. If you prefer, you may write to us at the address shown at the top of the first page of this letter. When you write, please include a telephone number where you may be reached and the best time to call.

Sincerely,



Christina Hall
17-56627
Customer Service Representative