

#L09000051743

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K. SALY
EXAMINER
AUG 24 2011

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NUCCI MEDICAL CLINIC LLC (name change)
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:

Helene Daniel, Esq.

Name of Person

Nucci Medical Clinic LLC

Firm/Company

6322 Gunn Highway

Address

Tampa, FL 33625

City/State and Zip Code

hdaniel@nuccispine.com

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

For further information concerning this matter, please call:

Helene Daniel, Esq.

Name of Person

at (813)

864-3998

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

FILED
11 AUG 23 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NUCCI SPINE & ORTHOPEDIC INSTITUTE 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 May 28, 2009 and assigned
Florida document number L09000051743.

This amendment is submitted to amend the following:

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

NUCCI MEDICAL CLINIC 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: same

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: same

(Mailing address MAY BE A POST OFFICE BOX)

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: Helene Daniel, Esq.

New Registered Office Address: 6322 Gunn Highway

Enter Florida street address

Tampa, Florida 33625
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.


Helene Daniel
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

_____	_____	_____	<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 August 19, 2011


Signature of a member or authorized representative of a member

Robert C. Nucci, M.D., Manager

Typed or printed name of signee