

L09000097756

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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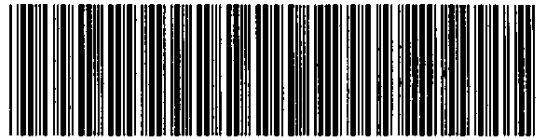
Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

MAY 18 2010

EXAMINER



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05/17/10--01007--001 \*\*25.00

10 MAY 17 AM 7:13

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Florida Men's Medical Clinic, 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:

**James N. Charles**

Name of Person

**Law Office of James N. Charles**

Firm/Company

**1420 Celebration Blvd., Suite 200**

Address

**Celebration, FL 34747**

City/State and Zip Code

**jimmy@jimmycharles.net**

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

For further information concerning this matter, please call:

**James N. Charles**

Name of Person

at ( **321** )

**559-1008**

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**

**Florida Men's Medical Clinic, 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 10/9/2009 and assigned  
Florida document number L09000097756.

This amendment is submitted to amend the following:

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

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)**

8738 Cypress Reserve Circle

Orlando, FL 32836

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

**(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:

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
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
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		_____	<input type="checkbox"/> Remove
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		_____	<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.)*

\_\_\_\_\_

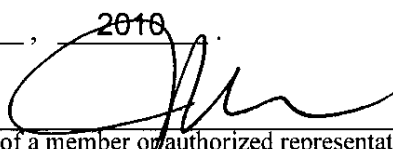
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated May 12, 2010.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
James N. Charles  
\_\_\_\_\_  
Typed or printed name of signee

LAW OFFICE  
**JAMES N. CHARLES**

1420 CELEBRATION BLVD., SUITE 200  
CELEBRATION, FLORIDA 34747

TELEPHONE (321) 559-1008  
FACSIMILE (321) 939-2304

EMAIL- JAMES.CHARLES@CELEBRATION.FL.US  
WEB SITE- WWW.LAWYERS.COM/JAMES\_CHARLES

May 12, 2010

Registration Section  
Florida Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: FLORIDA MEN'S MEDICAL CLINIC LLC  
Document Number L09000097756

Re: FLORIDA MEN'S MEDICAL CLINIC  
Fictitious Name Registration Number G09000164815

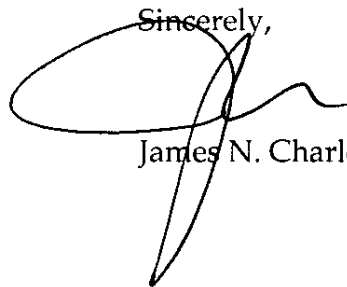
Dear Registration Section:

Enclosed are Articles of Amendment for changing the principle office address for Florida Men's Medical Clinic LLC and a check for the \$25 filing fee.

Please also change this principle address for Florida Men's Medical Clinic LLC as the owner of the fictitious name Florida Men's Medical Clinic.

Thank you for your attention to this matter.

Sincerely,



James N. Charles