

L09 000121487

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

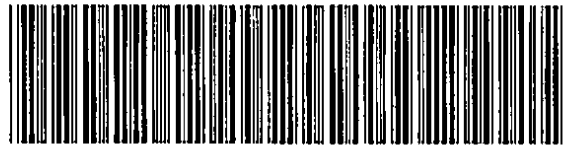
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Rec correction By email
from B. McCall on 3/31/20
Filed Amendment in lieu of
RIA change form.

8

Office Use Only



700341978097

03/12/20--01023--026 **25.00

S TALLENT
MAR 31 2020

2020 MAR 12 PM 8:00

Amend

The enclosed Articles of Amendment and fees are submitted for filing

Please return all correspondence concerning this matter to the following:

Benjamin McMillon

Name of Person

Neal Clinic Comprehensive Healthcare, P.L.

Firm/Company

2629 Creighton Road STE 1

Address

Pensacola, FL 32504

City/State and Zip Code

Mcmillonbk@gmail.com

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

For further information concerning this matter, please call.

Benjamin McMillon

850

712-6641

at ()

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

(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 12/22/2009 and assigned
Florida document number L09000121487.

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 contain 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)

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:

Benjamin McMillon

New Registered Office Address:

2629 Creighton Road STE 1

Enter Florida street address

Pensacola

City

Florida 32504

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 605, 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.



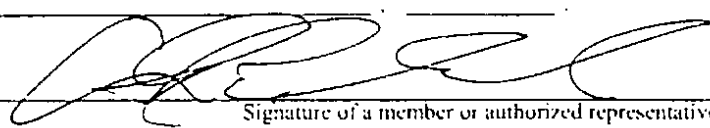
If Changing Registered Agent, Signature of New Registered Agent

<u>NAME</u>	<u>ADDRESS</u>	<u>ADDRESS CITY</u>	<u>TYPE OF SECTION</u>
MGRM	Charles B Neal	2629 Creighton Road STE 1, Pensacola, FL 32504	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Benjamin K McMillon	2629 Creighton Road STE 1, Pensacola, FL 32504	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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E. Effective date, if other than the date of filing: 03/09/2020 (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed

Dated March 30 2020


Signature of a member or authorized representative of a member

Charles B Neal, MGRM

Typed or printed name of signee

Filing Fee: \$25.00