# L10000051209

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## **COVER LETTER**

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SUBJECT:	like Coad LLC	
	Name of Limited Liability Company	
The enclosed	ticles of Amendment and fee(s) are submitted for filing.	
Please return	correspondence concerning this matter to the following:	
	Michael Coad	
	Name of Person	
	Firm/Company	
	324 Pedro Street	
	Address	
	Venice, FL 34285	
	City/State and Zip Code	
	michaelcoad@yahoo.com  E-mail address: (to be used for future annual report notification)	
For further in	mation concerning this matter, please call:	
David	Name of Person  Area Code  Name of Person  Area Code  Daytime Telephone Number	
	Name of Person Area Code Daytime Telephone Number	
Enclosed is a	eck for the following amount:	
■ \$25.00 Fi	g Fee \$\Bigcup \frac{30.00 \text{ Filing Fee & Certificate of Status}}{Certificate of Status}\$\$ \$\Bigcup \frac{555.00 \text{ Filing Fee & Certificate of Status}}{Certified Copy}\$\$ \$Certified Copy (additional copy is enclosed)\$\$ \$Certified Copy (additional copy is enclosed)\$\$	tus &

## 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

MIKE COAD, LLC			
(Name of the Limited Liability Company as it now appears o (A Florida Limited Liability Company)	n our records.)		
The Articles of Organization for this Limited Liability Company were filed on Mar Florida document number L10000031209	ch 22, 2010	and assi	gned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company here	;		
Suncoast Orthopedics & Consulting, LLC  The new name must be distinguishable and end with the words "Limited Liability Company," the des	signation "LLC" or the abl	oreviation "L.	L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
	<del></del>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
<del></del>			<del>-</del>
B. If amending the registered agent and/or registered office address on o registered agent and/or the new registered office address here:	our records, enter the	ne name o	f the nev
regional and an anomaly the new regional and and an anomaly the second	, .		
Name of New Registered Agent:			•
New Registered Office Address:			· · ·
Enter Florida	street address		
	, Florida	<u> </u>	
City  New Registered Agent's Signature, if changing Registered Agent:	, Florida	Zip Code	-
I hereby accept the appointment as registered agent and agree to act in this cap provisions of all statutes relative to the proper and complete performance of m accept the obligations of my position as registered agent as provided for in Cha	y duties, and I am fa	miliar with	and

If Changing Registered Agent, Signature of New Registered Agent

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 amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = . Ma AMBR = Au	anager Ithorized Member		
<u>Title</u>	Name	Address	Type of Action
			☐ Remove
			<del> </del>
			Add
		<del></del>	□ Remove
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the date this document is filed by the Florida D  Dated June 14	rior to date of receipt or filed date and cannot be more than 9 (epartment of State)	(optional) 0 days after

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