

L10000050091

(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:

Office Use Only



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10/12/10--01030--007 **52.50

12/01/10--01002--012 **7.50

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10 NOV 30 AM 10:58
CLERK OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

DEC 1 2010

EXAMINER

Wrong form



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 13, 2010

ZENOBIAMIRO-BERKELEY
2301 N UNIVERSITY DRIVE, SUITE 205
PEMBROKE PINES, FL 33025

SUBJECT: PROFESSIONAL MEDICAL ASSOCIATES LLC
Ref. Number: L10000050091

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TALLAHASSEE, FLORIDA

We have received your document for PROFESSIONAL MEDICAL ASSOCIATES LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The fee to file your limited liability company document is \$25. Please include an additional \$30 for each certified copy (optional) requested and an additional \$5 for each certificate of status (optional) requested.

There is a balance due of \$7.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 710A00024209

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Professional Medical Associates, 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:

Zenobia Miro-Berkeley
Name of Person

Professional Medical Associates, LLC
Firm/Company

2301 N. University Drive #205
Address

Pembroke Pines, FL 33024
City/State and Zip Code

DOCKZMO@AOL.COM
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Zenobia Miro-Berkeley at (305) 970-3368
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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Professional Medical Associates, 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 _____ and assigned
Florida document number L10000050091.

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)

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>
MGRM	Curtis E. Wilkinson	2301 N. University Drive #205 Pembroke Pines, FL 33024	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated _____, _____.

Zenobia Miro-Berkeley mo
Signature of a member or authorized representative of a member
Zenobia Miro-Berkeley mo
Typed or printed name of signee

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TALLAHASSEE, FLORIDA