

L10000062824

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

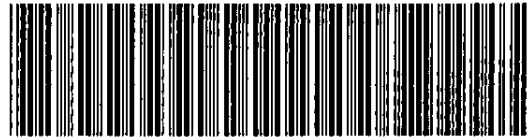
(Business Entity Name)

(Document Number)

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12 JAN -5 PM 12:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK  
JAN - 5 2011  
EXAM

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FUNCTIONAL ENDOCRINOLOGY OF SOUTH FLORIDA 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:

Alejandro Kaba

Name of Person

Kaba Consulting Inc

Firm/Company

1635 E HWY 50, Suite 103

Address

Clermont FL 34711

City/State and Zip Code

alejandro@kabaconsulting.com

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

For further information concerning this matter, please call:

Alejandro Kaba

Name of Person

at ( 352 )

243-8460

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

STREET/COURIER ADDRESS  
TALLAHASSEE, FLORIDA

12 JAN -5 PM 12:19

FILED

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

**FUNCTIONAL ENDOCRINOLOGY OF SOUTH FLORIDA, 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 06/11/2010 and assigned Florida document number L10000062824.

This amendment is submitted to amend the following:

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

Pivotal Health Physical Medicine 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:

(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: Kaba Consulting Inc

New Registered Office Address: 1635 E HWY 50, Suite 103

Enter Florida street address

Clermont

City

Florida

34711

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated December 22, 2011.

Jeremiah Joseph

Signature of a member or authorized representative of a member

JEREMIAH JOSEPH

Typed or printed name of signee

12 JAN -5 PM 12:49  
SEAL  
TALLAHASSEE, FLORIDA  
STATE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 29, 2011

ALEJANDRO KABA  
KABA CONSULTING INC.  
1635 E. HWY 50, SUITE 103  
CLERMONT, FL 34711

SUBJECT: FUNCTIONAL ENDOCRINOLOGY OF SOUTH FLORIDA, LLC  
Ref. Number: L10000062824

We have received your document for FUNCTIONAL ENDOCRINOLOGY OF SOUTH FLORIDA, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6028.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 311A00028890