

L100000122634

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

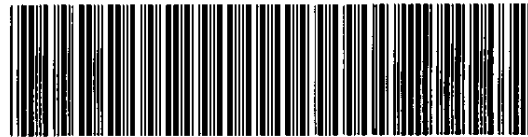
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JUN 16 2011

EXAMINER

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11 JUN 13 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ALL WOMEN'S 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:

THEODOR LEHRER

Name of Person

ALL WOMEN'S CLINIC, LLC

Firm/Company

2100 EAST COMMERCIAL BLVD

Address

FORT LAUDERDALE, FLORIDA 33308

City/State and Zip Code

ALLWOMENSCLINIC@MAC.COM

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

For further information concerning this matter, please call:

THEODOR LEHRER, MD at (954) 772-0933 OR (954) 805-5821
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**

ALL WOMEN'S 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 11/29/2010 and assigned
Florida document number L10000122634.

This amendment is submitted to amend the following:

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

N/A

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)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

DENISE MARIE SPARDA

New Registered Office Address:

2100 E. Commercial Blvd

Enter Florida street address

Ft. Lauderdale

City

Florida

33308

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.

Denise Marie Sparda

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

Title	Name	Address	Type of Action
MGRM	DENISE MARIE SPARDA	2100 E. COMMERCIAL BLVD FT LAUDERDALE, FL 33308	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	NELSON GEORGE LEHRER, THE TRUSTEE OF THE LEHRE AND RUBIN FAMILY IRREVOCABLE TRUST OF 2011	746 WOODBRIDGE LANE GLENCOE, ILLINOIS 60022	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <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.)

Change to the Federal Employer Identification Number;
Request sent by email to corpaddresschange@dos.state.fl.us
on June 6, 2011 to ADD FEI/EIN Number 274124869.

Dated June 6, 2011

Denise Marie Sparda

Signature of a member or authorized representative of a member

Denise Marie Sparda

Typed or printed name of signee