

L11000000023

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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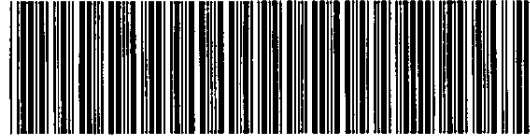
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 17 2016  
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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MEDICAL SPECIALISTS OF NORTHEAST FLORIDA, PLLC**

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:

SHARMA MADHUKAR

Name of Person

MEDICAL SPECIALISTS OF NORTHEAST FLORIDA, PLLC

Firm/Company

9471 BAYMEADOWS ROAD., SUTIE 405

Address

JACKSONVILLE FL 32256

City/State and Zip Code

m74sharma@yhao.com

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

For further information concerning this matter, please call:

SHARMA MADHUKAR

Name of Person

904

at ( )

Area Code

316-1653

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

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

MEDICAL SPECIALISTS OF NORTHEAST FLORIDA, PLLC

(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 04/03/2014 and assigned  
Florida document number L11000000023.

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)**

MEDICAL SPECIALISTS OF NORTEAST FLOIRDA, PLLC

9471 BAYMEADOWS ROAD., SUITE 405

JACKSONVILLE FL 32256

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

MEDICAL SPECIALISTS OF NORTHEAST FLORIDA, PLLC

9471 BAYMEADOWS ROAD., SUITE 405

JACKSONVILLE FL 32256

**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:**

SHARMA MADHUKAR

**New Registered Office Address:**

9471 BAYMEADOWS ROAD., SUITE 405

*Enter Florida street address*

JACKSONVILLE

*City*

Florida

32256

*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**

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	SHARMA MADHUKAR	9471 BAYMEADOWS ROAD, SUITE 405 JACKSONVILLE FL	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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[illegible]

**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.

(b) The 90th day after the record is filed.

**Dated**

06/03/16

  
Signature of a member or authorized representative

SHARMA MADHUKAR

Typed or printed name of signee

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