

L110000031002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

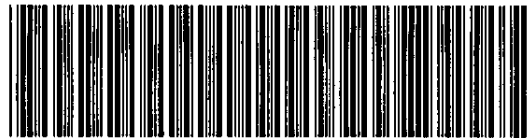
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 30 2014

T. HAMPTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TRICOUNTY PHYSICIANS, 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:

Marivic Villa

Name of Person

Tricounty Physicians, LLC

Firm/Company

1507 Buenos Aires Boulevard

Address

The Villages, Florida 32159

City/State and Zip Code

mvilladr@gmail.com and/or nolid.reyes@aol.com

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

For further information concerning this matter, please call:

Noli Delos Reyes

216 973-7912

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

TRICOUNTY PHYSICIANS, 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 March 14, 2011 and assigned
Florida document number L11000031002.

This amendment is submitted to amend the following:

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

NOT AMENDING

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)

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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: Noli Delos Reyes

New Registered Office Address: 1507 Buenos Aires Boulevard

Enter Florida street address

The Villages, Florida 32159
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 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 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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Nehme Gabriel	1058 Cesars Court	<input type="checkbox"/> Add
		Mount Dora, Florida 32757	<input checked="" type="checkbox"/> Remove
AMBR	Nehme Garbriel	1058 Cesars Court	<input type="checkbox"/> Add
		Mount Dora, Florida 32757	<input checked="" type="checkbox"/> Remove
MGR	Marivic Villa	1507 Buenos Aires Boulevard	<input checked="" type="checkbox"/> Add
		The Villages, Florida 32159	<input type="checkbox"/> Remove
AMBR	Marivic Villa	1507 Buenos Aires Boulevard	<input checked="" type="checkbox"/> Add
		The Villages, Florida 32159	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

New Principal Address: 1507 Buenos Aires Boulevard,

The Villages, Florida 32159

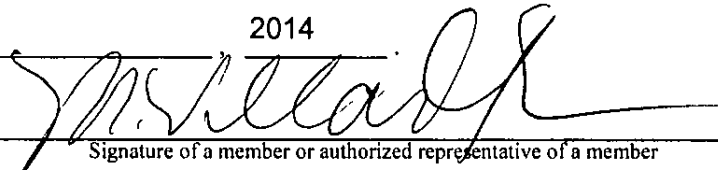
New Mailing Address: 1507 Buenos Aires Boulevard,

The Villages, Florida 32159

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated October 24, 2014



Signature of a member or authorized representative of a member

Marivic Villa

Typed or printed name of signee

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Filing Fee: \$25.00

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