## 111000032829

(Re	questor's Name)		
(Ad	dress)		
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(Cil	ry/State/Zip/Phone #	9	
PICK-UP	WAIT	MAIL	
(Bu	isiness Entity Name	)	
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K.SALY EXAMINER MAR 15

## **COVER LETTER**

TO: Registrati Division o	on Section f Corporations		
SUBJECT:	FLORABAMA MEI	DICAL LLC	
	FLORABAMA MEI Name of Limit	ted Liability Company	
The enclosed Articl	es of Amendment and fee(s) are subn	mitted for filing.	
Please return all cor	respondence concerning this matter t	to the following:	
	S COTT	L STITH Name of Person	
		Name of Person	
	BED HI	EAD MEDICAL LLC Firm/Company	
		Firm/Company	
	20218 H	ERITAGE POINT DR	
		Address	
	TAMPA	FL 33647 City/State and Zip Code	
	· •	City/State and Zip Code	<del></del>
	50077	BED HEAD MED. Com o be used for future annual report notif	Foodon
		•	ncation)
For further information	tion concerning this matter, please ca	ll:	
50017	L SMTH ame of Person	at (813) 748-8	2008
N	ame of Person	Area Code Daytime	e Telephone Number
Enclosed is a check	for the following amount:		
☑ \$25.00 Filing F	ee \$\Bigcup \$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 ARTICLES OF ORGANIZATION **OF**

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•	ART	ICLES OF (	<b>DRGANIZAT</b>	ΓΙΟΝ	1 1 1 m
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				ζ//	16 MAR
	FLORABAMA 1	MEDICAL LL	<b>C</b>	1.16	16 MAR 14 PM 4145
	(Name of the Limit	ed Liability Comp	any as it now appear Liability Company)	s on our records.	41.45 W. 45
		(A Florida Limited	Liability Company)		377° 1978
The Articles of Organization	for this Limited L	iability Company	were filed on	3/17/11	and assigned
Florida document number					
ionaa aocament namber		· · · · · · · · · · · · · · · · · · ·			
This amendment is submitted	l to amend the follo	owing:			
A Ifamondina namo onto	u tha naw nama a	f the limited lieb	ilite sammanı ka		
A. If amending name, ente			*	<del></del>	
RED HEAD The new name must be distinguish	MEDICAL LL	- C			
The new name must be distinguish	able and contain the w	ords "Limited Liab	ility Company," the d	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices	address, if applic	able:			
Principal office address MU					· · · · <u>· · · · · · · · · · · · · · · </u>
Trincipul Office unui Ess III	DE ASTREE	TADDRESS)		.,	
Enter new mailing address,	, if applicable:				<del> </del>
Mailing address MAY BE	1 POST OFFICE	BOX)			
		<del>.</del>			
B. If amending the regis	tered agent and/	or registered o	ffice address on	our records, ente	r the name of the ne
registered agent and/or the				<u> </u>	r the hame of the he
Name of New Regi	stered Agent:				
Ivalle of Ivew Regi	stored Agein.		· · · · · · · · · · · · · · · · · · ·		
New Registered Of	fice Address:		· · · · · · · · · · · · · · · · · · ·		
			Enter Flor	rida street address	

## 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.

Citv

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 = AMBR =	Manager  Authorized Member	TILED	
<u>Title</u>	<u>Name</u>	Address  2016 MAR 14 FH 4: 45  PATTERNATURE TO STANDARD TO STANDAR	Type of Action
		"STEARASSEE" STAIL	Add
			Remove
			Change
			🗖 Add
			Remove
			Change
·		<del></del>	
			Remove
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			☐ Change
	-		Add
			☐ Remove
			Change

Effective date, if other than the date of filing:	1 5
Effective date, if other than the date of filing: 3/17/16 (optional)  (If an effective date is histed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pur Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.  The 90th day after the record is filed.	
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The 90th day after the record is filed.	uant to 605.0207 ( not be listed as t
	he earlier of:
Dated 3/10 , 2016 .  Signature of a member or authorized representative of a member	
frott 2. hu	
Signature of a member or authorized representative of a member  SCOTT L SMITH	

Page 3 of 3

Filing Fee: \$25.00