

L11000038195

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

JAN 24 2012

EXAMINED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Wheeler Medical Publishing, 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:

Shelley Wheeler

Name of Person

Wheeler Medical Publishing, LLC

Firm/Company

1250 S. Tamiami Trail, Suite 101 N.

Address

Sarasota, FL 34239

City/State and Zip Code

shelley.wheeler01@gmail.com

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

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SECRETARY OF STATE

For further information concerning this matter, please call:

Shelley Wheeler

Name of Person

at (941)

957-0007

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**

Wheeler Medical Leasing, 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 3/30/11 and assigned

Florida document number L11000038195

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This amendment is submitted to amend the following:

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

Wheeler Medical Publishing, 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)

1250 S. Tamiami Trail

Suite 101 N.

Sarasota, FL 34239

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:

Shelley Wheeler

New Registered Office Address:

1250 S. Tamiami Trail, Suite 101 N.

Enter Florida street address

Sarasota

, Florida

34239

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 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.

Shelley Wheeler
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:

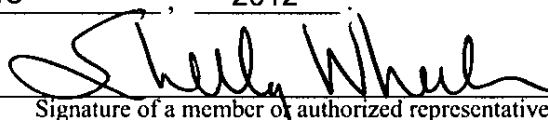
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Robert Leibold	1250 S. Tamiami Trl 1N Sarasota, FL 34239	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Ronaald Wheeler, M.D.	1250 S. Tamiami Trail, Ste 101 N. Sarasota, FL 34239	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Shelley Wheeler	1250 S. Tamiami Trail, Ste 101 N. Sarasota, FL 34239	<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

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

Dated January 18, 2012


Signature of a member or authorized representative of a member

Shelley Wheeler

Typed or printed name of signee

FILED
2012 JAN 18 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA