

L11000050567

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S. YOUNG

DEPARTMENT OF STATE  
OFFICE OF CORPORATE  
AFFAIRS  
WASHINGTON, D.C.

2020 APR 21 PM 4:43

FILED

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** COASTAL FAMILY MEDICINE, PL  
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:

CYNTHIA MAULE, MD

Name of Person

COASTAL FAMILY MEDICINE, PL

Firm/Company

1500 E. VENICE AVENUE, SUITE #204

Address

VENICE, FL. 34292

City/State and Zip Code

csmaule@yahoo.com

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

For further information concerning this matter, please call:

Cynthia Maule, MD

941 373-5181  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|--|---|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

COASTAL FAMILY MEDICINE, PL

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
2020 APR 21 PM 4:43  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF S. FLA.

The Articles of Organization for this Limited Liability Company were filed on APRIL 28, 2011 and assigned  
Florida document number L11000050567.

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)**

COASTAL FAMILY MEDICINE, PL

1500 E. VENICE AVENUE, SUITE #204

VENICE, FL 34292

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:**

CYNTHIA MAULE, MD

**New Registered Office Address:**

1500 E. VENICE AVENUE, SUITE #204

*Enter Florida street address*

VENICE

*City*

Florida 34292

*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.*

*Cynthia Maule, MD*

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>
MGR	CYNTHIA MAULE, MD	1500 E. Venice Avenue Suite #204, Venice, FL 34292	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JAMBSON VICARS	100 Wallace Avenue, Suite 380, Sarasota, FL 34237	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	WILLIAM MAULE, RN	500 E. Venice Avenue Suite #204, Venice, FL 34292	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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