L11000054584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

T. CLINE
AUG 23 2011
EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Polynesian Plaza Medical Condo.
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:

Dr. Robert Reppy
Name of Person

Polynesian Plaza Medical Ctr.
Firm/Company

1312 Lori ave.
Address

Spring Hill, FL
City/State and Zip Code

RReppy@gmail.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Dr. Robert Reppy at (727-743-5971)
Name of Person — Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- [X] $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

POLYNESIAN PLAZA MEDICAL CENTER

(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 05/24/2011 and assigned Florida document number L11000054584.

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 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)

(same)

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

(same)

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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: _____

New Registered Office Address: _____
Enter Florida street address

(same)

_____, **Florida** _____
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.

_____
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

Title	Name	Address	Type of Action
MGRM	NONA REPPY	101 Carlyle Dr. PALM HARBOR, FL 34683	☐ Add ☒ Remove
	Nona Reppy		☐ Add ☐ Remove
MGRM	ROBERT REPPY	101 Carlyle Dr. PALM Harbor, FL 34683	☒ Add ☐ Remove
	Robert Reppy		☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

Database should reflect that Dr. Robert F. Reppy, D.O., is sole owner of Polynesian Plaza Medical Center, LLC.

Dated Aug. 12, 2011.

Robert Reppy
Signature of a member or authorized representative of a member

Dr. Robert Reppy
Typed or printed name of signee

Filing Fee: $25.00