

L11000061140

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

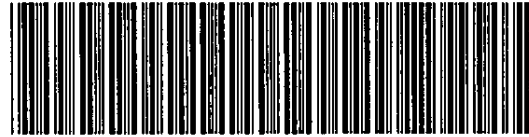
(Business Entity Name)

(Document Number)

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04/16/13--01015--008 **25.00

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13 APR 16 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

APR 17 2013

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WOMEN TO WOMEN OBGYN CARE, 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:

SHRUSAN GRAY

Name of Person

WOMEN TO WOMEN OBGYN CARE, LLC

Firm/Company

3990 SHERIDAN ST

Address

HOLLYWOOD, FL 33021

City/State and Zip Code

SHRUSANEMILY@HOTMAIL.COM

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

For further information concerning this matter, please call:

SHRUSAN GRAY

Name of Person

at (**954**) **505-4458**

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**

FILED

13 APR 16 PM 3:04

WOMEN TO WOMEN OBGYN CARE, LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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 L11000061140.

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)

3990 SHERIDAN STREET
HOLLYWOOD, FL 33021

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

3990 SHERIDAN STREET
HOLLYWOOD, FL 33021

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:

SHRUSAN GRAY

New Registered Office Address:

3990 SHERIDAN STREET

Enter Florida street address

HOLLYWOOD

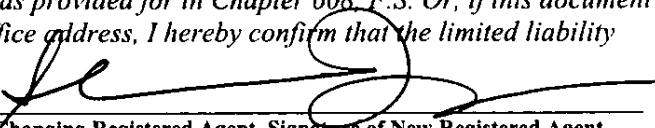
City

Florida 33021

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	SVETLANA MASLYAK	3990 SHERIDAN ST	☒ Add
		HOLLYWOOD, FL 33021	☐ Remove
MGRM	SHRUSAN GRAY	3990 SHERIDAN ST	☒ Add
		HOLLYWOOD, FL 33021	☐ Remove
MGRM	FLORIDA WOMEN CARE, LLC	660 GLADES ROAD	☐ Add
		SUITE 340	☒ Remove
		BOCA RATON, FL 33431	
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

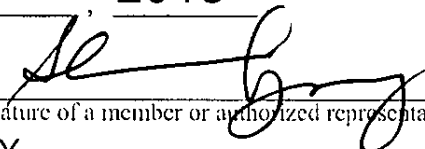
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

ON THE AMENDMENT ON 4/23/2012 WE ADDED FLORIDA WOMEN CARE AS A MGRM BUT **FILED**

SVETLANA MASLYAK AND SHRUSAN GRAY WERE REMOVED BY MISTAKE. **13 APR 16 PM 3:04**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated **MARCH 7** **2013**


Signature of a member or authorized representative of a member

SHRUSAN GRAY

Typed or printed name of signee

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Filing Fee: \$25.00