L11000061140

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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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 at (954) 505-4458
Name of Person — 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
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WOMEN TO WOMEN OBGYN CARE, 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 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, **Florida** 33021
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	SVETLANA MASLYAK	3990 SHERIDAN ST HOLLYWOOD, FL 33021	☑ Add ☐ Remove
MGRM	SHRUSAN GRAY	3990 SHERIDAN ST HOLLYWOOD, FL 33021	☑ Add ☐ Remove
MGRM	FLORIDA WOMEN CARE, LLC	660 GLADES ROAD SUITE 340 BOCA RATON, FL 33431	☐ Add ☑ Remove
			☐ 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 SVETLANA MASLYAK AND SHRUSAN GRAY WERE REMOVED BY MISTAKE.

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TALLAHASSEE, FLORIDA

Dated MARCH 7, 2013

Signature of a member or authorized representative of a member

SHRUSAN GRAY

Typed or printed name of signee

Filing Fee: $25.00