

L11000061140

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

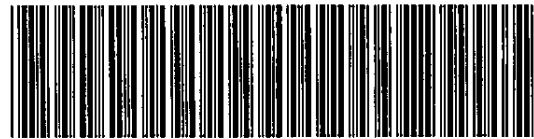
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100292919931

12/07/16--01010--001 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 JAN - 9 P 4: 58

FILED

D. BRUCE
JAN 09 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 8, 2016

DR. SHRUSAN E. GRAY
3990 SHERIDAN STREET, STE 201
HOLLYWOOD, FL 33021

SUBJECT: WOMEN TO WOMEN OB GYN CARE, LLC
Ref. Number: L11000061140

We have received your document for WOMEN TO WOMEN OB GYN CARE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete pages 1 & 2 of your document and return "ALL" pages.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 616A00026122

RECEIVED

2017 JAN - 9 PM 3: 16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

2017 JAN - 9 P 4: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Dr. Shrusan E Gray

Name of Person

WOMEN TO WOMEN OBGYN CARE, LLC

Firm/Company

3990 SHERIDAN STREET SUITE 201

Address

HOLLYWOOD, FL 333021

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:

Dr. Shrusan Gray at (954) 699-6178
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

2017 JUN 9 PM 4:58
STATE OF FLORIDA
TALLAHASSEE

FILED

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

WOMEN TO WOMEN OB GYN 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

3990 SHERIDAN STREET SUITE 201

(Principal office address MUST BE A STREET ADDRESS)

HOLLYWOOD, FL 33021

Enter new mailing address, if applicable:

3990 SHERIDAN STREET SUITE 201

(Mailing address MAY BE A POST OFFICE BOX)

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:

DR. SHRUSAN E GRAY

New Registered Office Address:

3990 SHERIDAN STREET SUITE 201

Enter Florida street address

HOLLYWOOD

, Florida

City

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 JAN - 9 PM 4:58

FILED

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.


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

Title	Name	Address	Type of Action
MGR	DR. SHRUSAN GRAY	12545 SW 15TH MANOR DAVIE FL, 33325	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DR. SVETLANA MASLYAK	10940 NW 6TH COURT PLANTATION, FL 33324	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	FLORIDA WOMEN CARE LLC	660 GLADES ROAD SUITE 340 I	<input checked="" type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
 2017 JAN - 10
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing pursuant to 605.020-13)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated DECEMBER 16, 2016

Signature of a member or authorized representative of a member

DR SHRUSAN E GRAY

Typed or printed name of signee

FILED
2017 JAN -9 PM 4: 58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA