

L110000064815

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

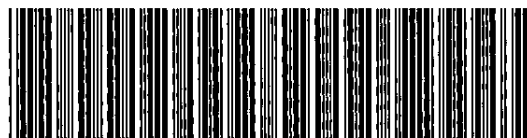
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300239134593

09/04/12--01026--019 **25.00

FILED
12 SEP - 4 PM 3:20
RECEIVED BY STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
SEP - 5 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Leonid B. Trost, MD, 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:

Leonid B. Trost, MD, President
Name of Person
Leonid B. Trost, MD, LLC
Firm/Company
9400 Gladialus Dr., Suite 320
Address
Ft. Myers, FL 33908
City/State and Zip Code
TROST1234@gmail.com ← Please do not put on website or public records.
E-mail address: (to be used for future annual report notification)

FILED
12 SEP - 4, PM 3:00
TALLAHASSEE, FLORIDA
Thank you.

For further information concerning this matter, please call:

Leonid B. Trost, MD, President at 239, 482-7546
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**

Leonid B. Trost, MD, 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 June 2, 2011 and assigned Florida document number L11000064815

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)

9400 Gladiolus Drive

Suite 320

Fort Myers, FL 33908

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9400 Gladiolus Drive

Suite 320

Fort Myers, FL 33908

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:

Leonid B. Trost, MD

New Registered Office Address:

9400 Gladiolus Drive Suite 320

Enter Florida street address

Fort Myers
City

Florida 33908
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.

L. TROST

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

- changing address only
- not changing the MGRM-only the address of the MGRM

| Title | Name | Address | Type of Action |
|-------|---------------------------------|--|---|
| MGRM | Leonid B. Trost Family Trust | 9400 Gladious Drive Suite 320 Fort Myers, FL 33908 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove } change |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |

FILED
12-4-12
12:20
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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

Dated August 29, 2012.

L. Trost
Signature of a member or authorized representative of a member

Leonid B. Trost, President
Typed or printed name of signee