L11000079071

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
(В	usiness Entity Name)
(Di	ocument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to	Filing Officer:	
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COVER LETTER

Divisi	on of Corpo	orations	
SUBJECT: A	dvance Med	dical of Naples, LLC	
SUBJECT: _		Name of Limited Liability Company	
The enclosed A	Articles of An	mendment and fee(s) are submitted for filing.	
Please return al	ll correspond	dence concerning this matter to the following:	
		Jon Parrish	
		Name of Person	
		Parrish White & Yarnell, PA	
		Firm/Company	
		3431 Pine Ridge Road, Suite 101	
		Address	
		Naples, FL 34109	
		City/State and Zip Code	
	٦,	E-mail address: (to be used for future annual report notification)	
For further info	ormation con	ncerning this matter, please call:	
Jon Parrish, Es	sq.	239 566-2013 at ()	
	Name of Po	Person at () Area Code Daytime Telephone Number	
Enclosed is a c	heck for the	e following amount:	
■ \$25.00 Fili	ing Fee	(additional copy is enclosed) Certified	te of Status &

TO:

Registration Section

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

Advance Medical of Naples, LLC		
(<u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabilit	ty Company were filed on July 11, 2011	and assigned
Florida document number L11000079031		
This amendment is submitted to amend the following	g:	
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:		
(Principal office address MUST BE A STREET AL	DDRESS)	
		16
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX	7	
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		77 3 17
B. If amending the registered agent and/or re	egistered office address on our records, e	nter the name of the new
registered agent and/or the new registered office	address here:	15 DA
Name of New Registered Agent:		
New Desistant Office Address		
New Registered Office Address:	Enter Florida street address	
	. Florid	ia
-	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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Patricia Jackson	3431 Pine Ridge Road, #101	□ Add
		Naples, FL 34109	■ Remove
			Change
MGR	Gregory & Sally Leach, TBE	3431 Pine Ridge Road, #101	Add
		Naples, FL 34109	☐ Remove
			☐ Change
			Add
			Remove
			☐ Change
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				ORIDA	-	1,
				3/4	<u> </u>	
Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cann Note: If the date inserted in this block does not meet t document's effective date on the Department of State's	he applicable s	e of filing or more tatutory filing re	(option than 90 days after fequirements, this	iling.) Pursuar	nt to 605.0 be listed	0207 (d as t
ne record specifies a delayed effective date, The 90th day after the record is filed.	, but not an	effective tim	e, at 12:01 a.	.m. on the	earlie	r of:
Dated July 5 , 20	016					
Dated,						
Signature of a memb	of or authorized	representative of	a member			

Page 3 of 3

Filing Fee: \$25.00