

L11000098828

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

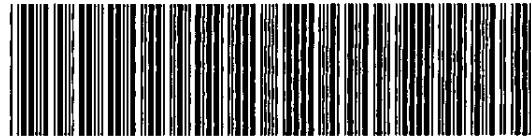
(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: All about Women, Obstetrics and Gynecology, 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:

Melissa LaCasse
Name of Person

FWC Management Company LLC
Firm/Company

4205 W. Atlantic Ave. # C304
Address

Delray Beach, FL 33445
City/State and Zip Code

Melissa.Lacasse@fwcmso.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melissa LaCasse at (561) 404 7385 ext 415
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

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TALLAHASSEE, FLORIDA

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

All About Women Obstetrics and Gynecology, 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 8/29/2011 and assigned
Florida document number L11000098828.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4205 W. Atlantic Ave
C 304
Delray Beach, FL 33445

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:

Kenneth Konster

New Registered Office Address:

4205 W. Atlantic Ave #C304
Enter Florida street address

Delray Beach, Florida 33445
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

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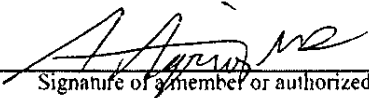
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	Florida Women Care, LLC	660 Glades Rd, Suite 340 Boca Raton, FL 33431	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Agrios, Anthony B	6440 W. Newberry Rd Suite 111 Graineeville, FL 32605	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Idost, Joseph P	6440 W. Newberry Rd Suite 111 Graineeville, FL 32605	<input type="checkbox"/> Add <input checked="" 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

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

Dated _____


 Signature of a member or authorized representative of a member
Anthony B. Agrios MD
 Typed or printed name of signee

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 TALLAHASSEE, FLORIDA

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