L11000110963

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
· .		Δ
		7

Office Use Only

B. KOHR
JUN 2 9 2012

EXAMINER



900236592629

06/25/12--01007--017 **25.00

12 JUN 25 PH 3: 59

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

TO: Registratio	n Section Corporations			
SUBJECT:	N	1&L LLC	0.	
SUBJECT:		ited Liability Company		
The enclosed Article	s of Amendment and fee(s) are sub	omitted for filing.	12 Jun 25 CM	
Please return all corr	espondence concerning this matter	to the following:	3	
		KHALID SAKR Name of Person		
	N&L LLC D.B.A. COMMUNITY WALK IN CLINIC			
Firm/Company				
10801 N. 56TH STRE		801 N. 56TH STREET		
		Address		
		TAMPA, FL 33617		
	· ·	City/State and Zip Code	······································	
	Comn	nunitywclinic@gmail.con to be used for future annual report r	n-	
For further informati	on concerning this matter, please of		othicatory,	
	KHALID SAKR	at (_813_)	988-2700	
Na	me of Person	Area Code & Dag	ytime Telephone Number	
Enclosed is a check to	for the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Re Di P.G	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 llahassee, FL 32314	Registration Se Division of Co Clifton Buildin	rporations ng e Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

N&L LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

• • • • • • • • • • • • • • • • • • • •		7,
ility Company were filed on	09/27/2011	and assigned
<u>63</u> .		•
ing:		
ne limited liability company he	re:	
he words "Limited Liability Comp	any," the designation "L	LC" or the abbreviation
le:		
ADDRESS)		
21/1		
registered office address on e address here:		
F,	ntar Florida street add	lyass
El		
City	, r iorida	Zip Code
	ing: te limited liability company he the words "Limited Liability Comp le: 4DDRESS) registered office address on the address here:	ing: the limited liability company here: the words "Limited Liability Company," the designation "Lie: ### ADDRESS) registered office address on our records, enter the address here: ##################################

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	NASIM AHMED	10801 N. 56TH STREET TAMPA, FL 33617	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter ch	nange(s) here: (Attach additional sheets, if necessary.)	 .
			_
 Dated	JUNE 13	2012	_
	Signature of a me	mbe or authorized representative of a member KHALID SAKR	
	T	yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00