Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GASSMAN & ASSOCIATES, P.A.

Account Number: 075350000514 : (727)442-1200 Fax Number : (727)443-5829

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MANUEL DELCHARCO, M.D., L.L.C.

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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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ion t d	
	DEC 20

Zip Code

MANUEL DELCHAR	CO, M.D., L.I	C.	Meg B	-
(Name of the Limited Liability Compan- (A Florida Limited Lia	(as it now appears (ability Company)	on our records.)		n -
The Articles of Organization for this Limited Liability Company v	vere filed on	12/16/11	aby assign	- जि
Florida document numberL11000141282				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	ty company here:			
M. DELCHARCO, JF				
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Company	," the designation "LL	C" or the abbre	viation
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)				
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	e address on our	records, enter the	name of th	e_new
Name of New Registered Agent:	 _			
New Registered Office Address:				
	Enter	Florida street addres	SS	

New Registered Agent's Signature, if changing Registered Agenti

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 dutles, 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.

City

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 Address Type of Action Title <u>Name</u> MGR MANUEL DELCHARCO 2801 S.E. 1ST AVENUE, SUITE 101 ☐ Add OCALA FL 34471 Remove MGR Manuel DelCharco, Jr. 2801 SE 1st Avenue, Suite 101 Ocala, FL 34471 🗹 Add Remove ∐ Add Remove Add Remove ∏Add Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) December 19 Dated _ Signature of a member or authorized representative of a member ALAN S. GASSMAN, Authorized Representative

Typed or printed name of signee Page 2 of 2

Filing Fee: \$25.00