

L12000002390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

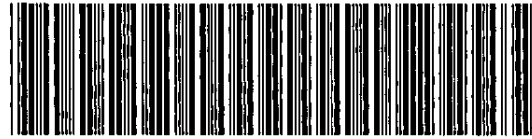
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/01/12--01001--004 **7.50

06/20/12--01022--002 **52.50

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2012 JUL 30 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

JUL 31 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 21, 2012

HARESH M. PATEL
M H MEDICAL ASSOCIATES, LLC.
6 NORTH VILLAGE PKWY
PALM COAST, FL 32137

SUBJECT: M H MEDICAL, LLC
Ref. Number: L12000002390

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TALLAHASSEE, FLORIDA

We have received your document for M H MEDICAL, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$7.50.

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Joey Bryan
Regulatory Specialist II

Letter Number: 312A00017183

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: M H MEDICAL ASSOCIATES, 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:

HARESH M. PATEL

Name of Person

M H MEDICAL ASSOCIATES, LLC

Firm/Company

6 N. Village Place

Address

Palm Coast FL 32137

City/State and Zip Code

hpatel3131@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HARESH M PATEL

Name of Person

at (781) 201-9799

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MH Medical 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 _____ and assigned

Florida document number L12000002390

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MH MEDICAL ASSOCIATES, LLC.

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)

6 N. Village Pkwy
Palm Coast FL 32137

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

HARESH M. PATEL

New Registered Office Address:

6 N. Village Pkwy

Enter Florida street address

Palm Coast

City

Florida

FL

32137

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.

Hareesh M. Patel

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>	<u>Type of Action</u>
MGRM	MINA PATEL	6 N. Village Pkwy Palm Coast FL 32137	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	HARESH PATEL	6 N. Village Pkwy Palm Coast FL 32137	<input checked="" 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

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

N/A

Dated JULY 27th, 2012

Hareesh M. Patel

Signature of a member or authorized representative of a member

HARESH M. PATEL

Typed or printed name of signee

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2012 JUL 30 PM 4:25
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TALLAHASSEE, FLORIDA