

112000022164

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

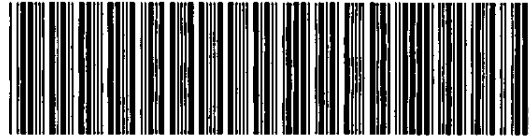
(Business Entity Name)

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TALLAHASSEE, FLORIDA

J. Sivero DEC 08 2014

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PABLO A. URBANDT M.D. 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:

PABLO A. URBANDT

Name of Person

Firm/Company

9025 SW 150 AVENUE

Address

MIAMI FL 33196

City/State and Zip Code

urbandt@bellsouth.net

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

For further information concerning this matter, please call:

PABLO A. URBANDT

at (**786**)

229-7305

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

PABLO A. URBANDT M.D. LLC

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TALLAHASSEE, FLORIDA

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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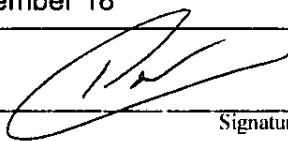
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

MEDICAL DOCTOR

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated November 18, 2014



Signature of a member or authorized representative of a member

PABLO A. URBANDT

Typed or printed name of signee

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Filing Fee: \$25.00

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