

L12000036744

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 APR 26 PM 3:00

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Woodfin-Miller 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:

Clarke Norvell

Name of Person

Healthmark Ventures, LLC

Firm/Company

30 Burton Hills Blvd Ste 325

Address

Nashville, TN 37215

City/State and Zip Code

clarke@millerdiagnostic.com

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

For further information concerning this matter, please call:

Clarke Norvell

256 7627998

Name of Person

at ()
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

FILED
STATE
SECRETARY OF
TALLAHASSEE, FLORIDA
17 APR 26 PM 3:01

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

Woodfin-Miller 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 March 15, 2012 and assigned
Florida document number L12000036744.

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 contain 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) _____

Heller Espenkotter PLLC / Attn: Dan Heller

2701 Ponce De Leon Blvd Ste 301

Coral Gables, FL 33134

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, **Florida** _____
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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
MGR	Tracy L. Miller	30 Burton Hills Blvd Ste 325	<input checked="" type="checkbox"/> Add
		Nashville, TN 37215	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Andrew W. Miller Sr	7944 Fisher Island Drive	<input checked="" type="checkbox"/> Add
		Fisher Island, FL 33109	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA
17 APR 26 AM 3:01

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

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17 APR 26 PM 3:01

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated April 24, 2017

Paul W. Harrison

ANDREW W. MILLER JR

Typed or printed name of signee