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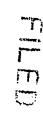


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COVER LETTER

Division of Corp	porations		
SUBJECT: MP	N Medical	CENTER Of	Durdee, LL C
	Name of Limited	d Liability Company	·
The enclosed Articles of A	Amendment and fee(s) are subm	litted for filing.	
Please return all correspon	ndence concerning this matter to	the following:	
	Namerata.	A Amur Name of Person	
	MPN Med	ical Center of	Dunder, LLC
	1023	Dundee Roa Address Could Fr 3 City/State and Zip Code Mod providers r	<u>d</u> <u>28</u> 3
	Winter +	lover, FL 3	33884 FASS
	na mrata a	City/State and Zip Code Mod p w w deres r	S3884 ASSECTION OF THE PROPERTY OF THE PROPERT
	E-mail address: (to	be used for future annual report notification	
For further information co	oncerning this matter, please call	l:	क्षानी 🐷
Namerata	· A. Amir	at (75) 251 -	136-6
Name of	Person	Area Code & Daytime Tele	ephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 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:

TO: 1 Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MPN	Medical	Center	\mathcal{O}_{λ}	Dundae	LLC	
(Name	Medical of the Limited Liab (A Flori	ility Company as it da Limited Liability	now appe Company)	ars on our records.)	-)	
The Articles of Organization for Florida document number	this Limited Liabilit	ry Company were fi				ed
This amendment is submitted to	amend the following	; :			. ~	
A. If amending name, enter th	e new name of the	limited liability co	mpany he	ere:	福 8	~~~ <u>~</u>
MPN 1	Medical	Center	<u> </u>	Dundee,	LEGE	
The new name must be distinguish: "L.L.C."	able and end with the	words "Limited Liab	ility Com	pany," the designation	였으	reviation
Enter new principal offices add	dress, if applicable:	******	<u>,</u>		京里 3	
(Principal office address MUST	BE A STREET AL	ODRESS)	ann an ann aireann an		<u> </u>	
Enter new mailing address, if a (Mailing address MAY BE A Pe		2				
B. If amending the registere registered agent and/or the new			dress on	our records, <u>ente</u>	r the name of t	he new
Name of New Register	ed Agent:					
New Registered Office	Address:		E	nter Florida street o	address	
				, Florida		
	***************************************	City		, I IVIIGA	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.

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>		Address		<u>T</u> y	pe of Action
MGRM	The Amin	Family Trust	[9323 Lutz,	Agra Sj Fl 33	228 228	Add
MGR_	Herbert	.B.Minox		Dunder Haven 33884		Add Remove
					SICKE WARY OF STAFE FACLAHASSEE, FLORIS	Add Remove Add Add Add
						Remove Add
						Remove
THE RESIDENCE OF STREET	***************************************					Add
					- 1,	Remove

	g any other information, enter change(s) here: (Attach additional sheets, if necess	
······		
		
- 		
i	6-12, 2013.	
	AAA	
	Signature of a member or authorized representative of a member Namata, A. Amin	
	Typed or printed name of signee	
	Page 3 of 3	- -
	Filing Fee: \$25.00	ZH3 JEW 21
		₩<
		LONE D