

LB 000000 9744

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

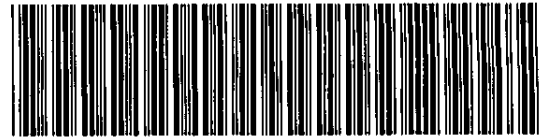
LB-9744

(Document Number)

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RECEIVED
DEPARTMENT OF STATE
2014 JUN 28 PM 4:02
TO ALL AGENTS
SUE FRIEDMAN FILING

FILED
2014 APR 25 PM 4:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Gump

APR 25 2014



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 29, 2014

ELIZABETH RAWLS
1304 E 6TH AVENUE #4
TALLAHASSEE, FL 32303

SUBJECT: ELIZABETH RAWLS, AP, RN, P.L.
Ref. Number: L13000009744

We have received your document for ELIZABETH RAWLS, AP, RN, P.L. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 714A00001939

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ELIZABETH RAWLS, AP, RN, P.L.

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:

ELIZABETH RAWLS

Name of Person

ACUPUNCTURE IN TALLAHASSEE, P.L.

Firm/Company

1304 E 6th Ave #4

Address

Tallahassee, FL 32303

City/State and Zip Code

acupunctreintallahassee@gmail.com

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

For further information concerning this matter, please call:

James Davis

Name of Person

at (850) 322-7117

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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

FILED

2014 APR 25 PM 4: 56

ELIZABETH RAWLS, AP, RN, P.L.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/18/2013 and assigned
Florida document number L13000009744

This amendment is submitted to amend the following:

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

ACUPUNCTURE IN TALLAHASSEE, ~~LLC~~ PL

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:

1304 E 6th Ave #4

(Principal office address MUST BE A STREET ADDRESS)

Tallahassee, FL 32303

Enter new mailing address, if applicable:

1700 N. Monroe St. 11-135

(Mailing address MAY BE A POST OFFICE BOX)

Tallahassee, FL 32303

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:

UNITED CRS

New Registered Office Address:

327 HOLLOW CREEK

Enter Florida street address

HAVANA

City

Florida 32333

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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

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

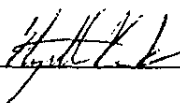
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: Upon Registration (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 January 12, 2014.



Signature of a member or authorized representative of a member
Elizabeth Rawls

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA