

L13000012411

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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05/22/13--01007--006 **25.00

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13 MAY 22 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
MAY 23 2013
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Himes walk in clinic L.L.C.
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:

GERALD W. HEARIN.
Name of Person

Himes walk in clinic.
Firm/Company

8011 n Himes Ave, suite 4
Address

Tampa, FL 33614.
City/State and Zip Code

CHimeswalk@aol.com.
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GERALD W. HEARIN. at (813) 933-1096.
Name of Person 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

13 MAY 22 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Himes Walk in Clinic, 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 11/18/2013 and assigned
Florida document number L13000012411.

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 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)

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:

Jose Sanchez.

New Registered Office Address:

8011 N Himes Ave, Ste 4.

Enter Florida street address

Tampa
City

Florida 33614.
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 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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JOSE SANCHEZ	2221 N Himes Ave Ste A.	<input type="checkbox"/> Add
		Tampa FL 33607.	<input checked="" type="checkbox"/> Remove
MGRM	GERALD W. HEARING	8011 N Himes Ave Ste 4	<input checked="" type="checkbox"/> Add
		Tampa FL 33614	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated

5/20/13 May 20, 2013

Signature of a member or authorized representative of a member

Jose Sanchez

Typed or printed name of signee

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Filing Fee: \$25.00