

L13 000013067

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2013 JUN 14 PM 12:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 17 2013

T CLINE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Beach Medical Express, 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:

Tom R. Pullen

Name of Person

Beach Medical Express, LLC

Firm/Company

9952 Hutchison Blvd. suite 100

Address

Panama City Beach, Fl. 32407-3745

City, State and Zip Code

Beach Medical Express@gmail.com

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

For further information concerning this matter, please call:

Pullen Tom R.

Name of Person

at (850) 276-9735

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Beach Medical Express, 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 01-24-2013 and assigned Florida document number L13000013067.

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)

9952 Hutchison Blvd.
Suite 100
Panama City Beach, FL 32407-3745

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:

Pullen, Tom R.

New Registered Office Address:

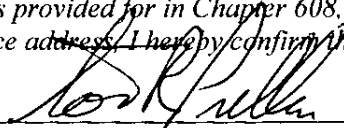
9952 Hutchison Blvd. Suite 100

Enter Florida street address

Panama City Beach, Florida 32407-3745
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 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

MGR = Manager
MGRM = Managing Member

Panama City Beach, Fl. ☒ Remove
32413

MGRM	Heflin, Joseph W.	6310 Augusta Cove	<input checked="" type="checkbox"/> Add
		Destin, FL 32541	<input type="checkbox"/> Remove

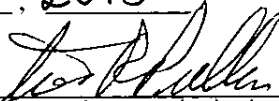
_____ ☐ Add
 _____ ☐ Remove

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

add telephone number - 850-588-5689

add Fax number - 850-588-5982

Dated June 12, 2013



Signature of a member or authorized representative of a member

Tom R. Pullen

Typed or printed name of signee

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Filing Fee: \$25.00

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SECRETARY OF STATE
ALLAMANCE COUNTY