

L13000013067

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300253928763

12/02/13--01001--001 **25.00

RECEIVED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

2013 NOV 27 PM 2:00

RECEIVED
OFFICE OF STATE
DIVISION OF CORPORATIONS

RECEIVED
OFFICE OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

13 NOV 27 PM 2:08

APPROVED
AND
FILED

NOV 27 2013

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:

Dr. Joseph W. Heflin Jr.

Name of Person

Beach Medical Express, LLC

Firm/Company

9952 Hutchison Blvd. Suite 100

Address

Panama City Beach, FL 32407

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:

Virginia Pullen

Name of Person

at 850 532-3430

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

SECRET
TALLAHASSEE
FLORIDA

13 NOV 27 PM 2:08

APPROVED
FILED

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 "LLC."

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:

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 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

13 NOV 27 PM 2:08
SECRET
TALLAHASSEE
FLORIDA
STATE

APPROVED
AND
FILED

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

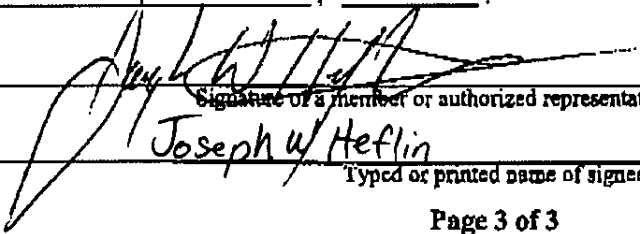
Title	Name	Address	Type of Action
MGR	Pullen, Tom R.	8210 Grand Palm Blvd Panama City Beach, FL 32408	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Pullen, Barbara A.	8210 Grand Palm Blvd Panama City Beach, FL 32408	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Pullen, Virginia K., PA-C	108 Cape Circle Panama City Beach, FL 32413	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Heflin, Jr. De. Joseph W.	9952 HUTCHISON BLVD, Suite 100 Panama City Beach, FL 32407	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

13 NOV 27 PM 2:08
☒ Add
☐ Remove
☐ Add
☐ Remove

APPROVED
 AND
 FILED

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

Dated _____

X 

Signature of a member or authorized representative of a member

Joseph W. Heflin

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

APPROVED
AND
FILED

13 NOV 27 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA