

L13000013067

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

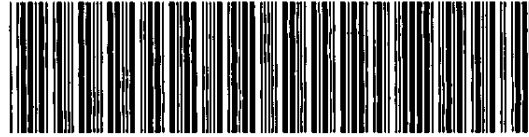
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800253930448

12/20/13--01006--007 **25.00

FILED
13 DEC 20 PM 3:46
CLERK OF STATE
TALLAHASSEE, FLORIDA

T. Burch DEC 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:

Tom R. Pullen
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 at (850) 532-3430
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**

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
13 DEC 20 PM 3:44
TALLAHASSEE, FLORIDA

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

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

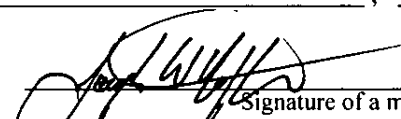
Title	Name	Address	Type of Action
MGR	Pullen, Tom R.	8210 Grand Palm Blvd Panama City Beach Florida 32408	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Pullen, Barbara A.	8210 Grand Palm Blvd Panama City Beach Florida 32408	<input checked="" type="checkbox"/> Add <input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

NOV 14 2015
11:11 AM
PANAMA CITY BEACH, FLORIDA

13
DEC 20 PM 3:44
Add
Remove
Add
Remove


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

Dated _____, _____.


Joseph W. Heflin

Signature of a member or authorized representative of a member

Typed or printed name of signee


Tom R. Pullen

Page 3 of 3

Filing Fee: \$25.00

FILED
13 DEC 20 PM 3:44
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA