

#L1300022374

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
OCT 10 2013



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 25, 2013

GOOD HEALTH PHYSICIANS LLC
DHARMENDAR SAMA
1501 1ST S, STE. B
WINTER HAVEN, FL 33880

SUBJECT: GOOD HEALTH PHYSICIANS LLC
Ref. Number: L13000022374

We have received your document for GOOD HEALTH PHYSICIANS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 513A00022546

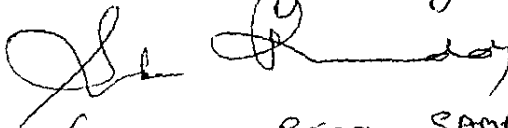
To,

Whom SO EVER MAY CONCERN

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I am sending the document with my
signature. Registered Agent & Manager has
to be Dharmendar R Sama & Managing member
is Shoba R Sama. Our office Address is
1501 1st Street South Suite B, Winter Haven
FL - 33880. Residence Address is (if needed)
517 Tellanova Circle, Winter Haven - FL - 33884
If any Questions, pls do not hesitate to
Contact me at 646-826-9222.

Thanking you.


(SHOBA REDDY SAMAN)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Good Health Physicians 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:

Dharmendar Sama

Name of Person

Good Health Physicians LLC

Firm/Company

1501 1st S, Suite: B

Address

Winter Haven, FL 33880

City/State and Zip Code

shobasama@gmail.com

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

For further information concerning this matter, please call:

Dharmendar Sama

Name of Person

at 347 933-2430

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**

Good Health Physicians LLC

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 02/12/2013 and assigned
Florida document number L13000022374.

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)

1501 1st S, Suite: B

Winter Haven, FL 33880

Ph:863-229-2540, Fax:863-229-1230

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:

Dharmendar Sama

New Registered Office Address:

~~517 Terranova Cir~~ 1501 1st Street South, Suite B
Enter Florida street address

Same as old address

Winter Haven

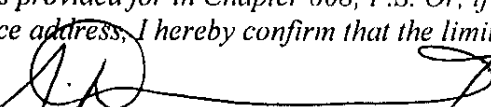
City

Florida 33884 33880

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

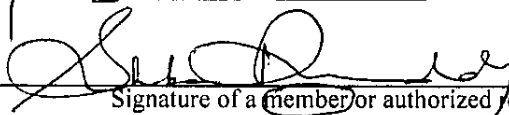
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Shoba Reddy Sama	1501 1 st Street South, Suite B 517 Terranova Cir	<input checked="" type="checkbox"/> Add
		Winter Haven	<input type="checkbox"/> Remove
		FL 33884 33880	
MGR	Dharmendar Sama	1501 1 st Street South, Suite B 517 Terranova Cir	<input type="checkbox"/> Add
		Winter Haven	<input checked="" type="checkbox"/> Remove
		FL 33884 33880	
MGR	DHARMENDAR SAMA	SAME	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

please update our

Employer Identification Number: 46-2018252

Dated 10/7/2013, _____



Signature of a member or authorized representative of a member

SHOBA R. SAMA

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00