

#L13000024687

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

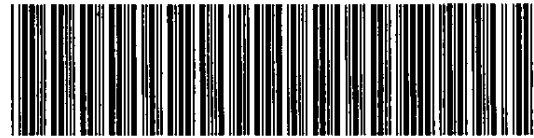
(Business Entity Name)

(Document Number)

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FILED
13 MAR -4 AM 10:44
CLERK OF SUPERIOR COURT
CLERK OF SUPERIOR COURT

K. SALY
EXAMINER
MAR 6 - 2013

MEDICAL OPERATIONS OF FLORIDA, LLC

3521 Durrance St. Trinity, FL 34655

Phone: 727-859-3394 Email: melwill7@gmail.com

March 1, 2013

To Whom It May Concern,

I have included an amendment form to correct the MGRM and Registered Agent in my business.

My daytime phone number is 727-859-3394.

My return address is:

3521 Durrance St.

Trinity, FL 34655

Sincerely,

Melody S. Williams

Melody S. Williams

Owner

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
13 MAR -4 PM 10:44

Medical Operations of Florida, 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 February 18, 2012 and assigned Florida document number L13000024687.

This amendment is submitted to amend the following: New registered agent and changing MGRM.

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)

3521 Durrance St.
Trinity, FL 34655

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3521 Durrance St.
Trinity, FL 34655

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:

Gary Williams

New Registered Office Address:

3521 Durrance St.
Enter Florida street address

Trinity, Florida 34655
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.

Mary D Williams
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	Melody Williams	3521 Durrance St.	<input checked="" type="checkbox"/> Add
		Trinity, FL 34655	<input type="checkbox"/> Remove
MGRM	Gary Williams	3521 Durrance St.	<input type="checkbox"/> Add
		Trinity, FL 34655	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated February 27, 2013.

Melody S. Williams

Signature of a member or authorized representative of a member

Melody S. Williams

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00