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TO: Registration Section Division of Corporations

SUBJECT: Removal of ALEXANDER, VLADIMIR A as a Manager

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:

Lorrie L. White

Name of Person

Team MUA of Orlando LLC

Firm/Company

24945 US Highway 19 N

Address

Clearwater, Florida 33763

City/State and Zip Code

Lorrie@TotalVitalityMedical.com

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

For further information concerning this matter, please call:

Lorrie L. White

Name of Person

at (727) 953-6743

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)

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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

Team MUA of Orlando LLC		
(<u>Name of the Limited Liability Company</u> (A Florida Limited Liability)	y <u>as it now appears on our records.</u>) ability Company)	· · · · · · · · · · · · · · · · · · ·
The Articles of Organization for this Limited Liability Company v Florida document number L13000026768	vere filed on 2/20/2013	andassigned
This amendment is submitted to amend the following:		ि <u>ः</u> अ. . .
A. If amending name, <u>enter the new name of the limited liabil</u>	ity company here:	280 280
The new name must be distinguishable and end with the words "Limite" "L.L.C."	ed Liability Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:	- <u></u>	
(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, <u>enter the name of the new</u> 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
w Registered Agent's Signature, if changing Regist	ered 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, <u>enter the title, name, and address of each Manager</u> or Managing Member being added or removed from our records: . تاريخ

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address Type of Action
Mgr	ALEXANDER, VLADIMIR A	12416 66th Street No, Suite A
		Largo, Florida 33773
		Add
		Remove
		~~~
		Add Add Remove
		Add
		Remove
		Add
		Remove
		······
		Add
		Remove

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

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Dated April 16, 2013 ma Signature of a member or authorized representative of a member Brian Wolstein, Manager Typed or printed name of signee Page 3 of 3

Filing Fee: \$25.00

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