

L130000031797

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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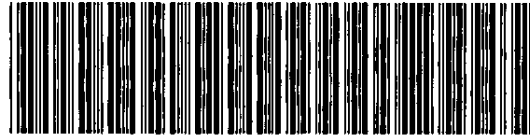
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 13 2014

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Saint Augustine Center for Integrative Medicine, PLLC
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:

Kevin Thompson, M.D.

Name of Person

Saint Augustine Center for Integrative Medicine, PLLC

Firm/Company

1011 San Rafael Street

Address

St. Augustine, FL 32080

City/State and Zip Code

eyesonthebeach@comcast.net

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

For further information concerning this matter, please call:

Ryan King

Name of Person

at (352 443-3532)

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

FILED
14 JAN -6 PM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Saint Augustine Center for Integrative Medicine, PLLC

(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 3/1/2013 and assigned
Florida document number L13000031797.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

n/a

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)

1011 San Rafael Street

St. Augustine, FL 32080

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1011 San Rafael Street

St. Augustine, FL 32080

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:

n/a

New Registered Office Address:

1011 San Rafael Street

Enter Florida street address

St. Augustine

City

, Florida 32080

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 605 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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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		_____	<input type="checkbox"/> Remove

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		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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

Dated December 12, 2013.

Kevin R. Thompson, M.D.

Signature of a member or authorized representative of a member

Kevin R. Thompson, M.D.

Typed or printed name of signer

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Filing Fee: \$25.00