

43000676173

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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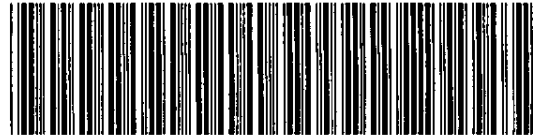
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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AUG 16 2013  
D. BRUCE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: EAR, NOSE & THROAT SECIALISTS HEARIN AID CENTER OF FLORIDA, 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:

**BRUCE H. VANDERLAAN**

Name of Person

**BRUCE H. VANDERLAAN, ATTORNEY AT LAW, P.A.**

Firm/Company

**2077 FIRST STREET, SUITE 206**

Address

**FORT MYERS, FL 33901**

City/State and Zip Code

**BRUCEVANDERLAAN@GMAIL.COM**

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

For further information concerning this matter, please call:

**BRUCE VANDERLAAN**

Name of Person

at **239 334-4067**

Area Code & Daytime Telephone Number

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**2012 AUG 15 PM 3:30**  
**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**

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**

**EAR, NOSE & THROAT SECIALIST'S HEARING AID CENTER 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 MAY 24, 2013 and assigned  
Florida document number L13000076173.

This amendment is submitted to amend the following:

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

**EAR, NOSE & THROAT SPECIALIST'S HEARING AID CENTER OF FLORIDA, LLC**

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)**

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**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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

· ADD THE FEDERAL EMPLOYER IDENTIFICATION NUMBER

· 36-4762951

Dated AUGUST 13, 2013

Bruce H. Vanderlaan for Richard J. Lane M.D.  
Signature of a member or authorized representative of a member

BRUCE H. VANDERLAAN AS AUTHORIZED REPRESENTATIVE OF RICHARD J. LANE, M.D.

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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