

U3000087819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

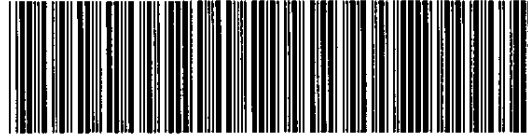
(Business Entity Name)

(Document Number)

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15 AUG -5 PM 3:35
CLERK OF DISTRICT COURT
MONTGOMERY, ALABAMA

AUG 06 2015

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GERIATRICS AND ADULT MEDICINE 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:

JERRY CIOCON

Name of Person

GERIATRICS AND ADULT MEDICINE LLC

Firm/Company

320 S. STATE ROAD 7 STE # 300

Address

PLANTATION FLORIDA 33317

City/State and Zip Code

CIOCOND@AOL.COM

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 AUG -5 PM 3:35

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For further information concerning this matter, please call

JERRY CIOCON

954 536-6658
at ()

Name of Person

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**

GERIATRICS AND ADULT MEDICINE 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 06/18/2013 and assigned
Florida document number L13000087819

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 contain 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)

320 S. STATE ROAD 7 STE #300
PLANTATION FLORIDA 33317

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

320 S. STATE ROAD 7 STE #300
PLANTATION FLORIDA 33317

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:

320 S. STATE ROAD 7 STE# 300

Enter Florida street address

PLANTATION

City

Florida 33317

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized 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"/> Change
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 APR 5 1985
 FBI - ALBANY
 ALBANY, NY


15 AUG -5 AM 3:35
FBI - NEW YORK
FBI - NEW YORK

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

✓ 
Signature of a member or authorized representative of a member

JERRY CLOCON
Typed or printed name of signee