113000096973

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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SECRETARY OF STATE
ANASSEE-FLORIDA

(SEP 0 6 2013

D. BRUCE



August 23, 2013

WENDELL E. GIBSON 2900 KINGS RD PANAMA CITY, FL 32405

SUBJECT: COMPREHENSIVE PULMONARY RESOURCES, LLC

Ref. Number: L13000096973

We have received your document for COMPREHENSIVE PULMONARY RESOURCES, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 013A00020187

COVER LETTER

Division of Corporations
SUBJECT: Comprehensive Pulmonary Resources WC. 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:
Wester E. Giloson
Comprehensive Pulmanny Recordes U.C.
7900 Kings Pd Address
Phrana (xx Fl. 32405
The second secon
E-pail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Wented Gibson at 150 252-3636 Name of Person Area Code & Daytime Telephone Number RD AT 8
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S\$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

avisostemas a	Pulmonary Raspusson	LLC		
(Name of the Limited	Liability Company as it now apper Florida Limited Liability Company)	ars on our records.)		
The Articles of Organization for this Limited Li	iability Company were filed on	7/9/13	and assig	med
Florida document number <u>L130000 Re</u>	973 .			
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited liability company b	ere:		
	N/A			
The new name must be distinguishable and end wi "L.L.C."	th the words "Limited Liability Com	pany," the designation	"LLC" or the ab	breviation
Enter new principal offices address, if applic	cable:	···		
(Principal office address MUST BE A STREE	TADDRESS)	· - · · · · · · · · · · · · · · · · · ·	500 2	الوضح
			- AAAA SE	<u> </u>
			-5 ASS	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		E STA	200
	····)—————————————————————————————————————
B. If amending the registered agent and/ registered agent and/or the new registered or		our records, enter	the name of	the new
Legisteren agent andror the new register en ti	Hat man en here.		٠	·
Name of New Registered Agent:	WONDELL GARBON			
New Registered Office Address:	2900 King Ru	/ Enter Florida street a		
	2900 King Ra	wier Pioriau sireel a		
·	<i>LANOWY CITY</i> City	, Florida	32405 Zip Code	
	Daniel			

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.

Page 1 of 3

If Changing Registered Agent Senature 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 **Type of Action Title** <u>Name</u> <u>Address</u> 2900 Kings Rd Add

PANAMA Cry Ff 32405 Remove Mike Roed Remove Remove \sim Remove Remove

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			-E-1/1	<u></u>	yped or printed	name of signe		
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Filing Fee: \$25.00

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