

L13 000098477

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(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

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**ProviderDirectory.com™**

Life is Hard. Finding Healthcare Shouldn't Be.™

**ProviderDirectory LLC**

4008 S. Renellie Drive  
Tampa, FL 33611

Telephone: 813-501-5530  
Facsimile: 866-385-2001

**November 20, 2013**

**VIA UPS OVERNIGHT**

Registration Section  
Division of Corporations  
**FLORIDA DEPARTMENT OF STATE**  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301Country

**RE: PROVIDERDIRECTORY LLC  
ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION**

Dear Sir/Madam:

Attached please find our Articles of Amendment to the Articles of Organization for ProviderDirectory LLC and check for \$60.00. This amendment will remove one Member (Cyleste Sinadinos), add one Member (Gregory J. Sinadinos, Sr.), change the Registered Agent, and change the address of the organization.

Thank you in advance for processing this change.

If I may be of assistance in any way, please do not hesitate to call me at 813-501-5530.

Kind Regards,  
**ProviderDirectory LLC**

GREGORY J. SINADINOS, SR.  
Founder & CEO

greg.sinadinos@providerdirectory.com

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CLERK OF COURT  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**ProviderDirectory LLC**

**SUBJECT:** \_\_\_\_\_  
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:

**Gregory J. Sinadinos, Sr.**

\_\_\_\_\_  
Name of Person

**ProviderDirectory LLC**

\_\_\_\_\_  
Firm/Company

**4008 S. Renellie Drive**

\_\_\_\_\_  
Address

**Tampa, FL 33611**

\_\_\_\_\_  
City/State and Zip Code

**Greg.Sinadinos@ProviderDirectory.com**

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

For further information concerning this matter, please call:

**Gregory J. Sinadinos, Sr.**

**813 501-5530**

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

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

ProviderDirectory 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 07/11/2013 and assigned  
Florida document number L13000098477.

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)**

4008 S. Renellie Drive

Tampa, FL 33611

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

4008 S. Renellie Drive

Tampa, FL 33611

**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:

Gregory J. Sinadinos, Sr.

New Registered Office Address:

4008 S. Renellie Drive

*Enter Florida street address*

Tampa

Florida

33611

*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>
MGRM	Cyleste M. Sinadinos	4238 Lake Hancock Road	<input type="checkbox"/> Add
		Lakeland, FL 33812	<input checked="" type="checkbox"/> Remove
MGRM	Gregory J. Sinadinos, Sr.	4008 S. Renellie Drive	<input checked="" type="checkbox"/> Add
		Tampa, FL 33611	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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TALLAHASSEE, FLORIDA

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

n/a

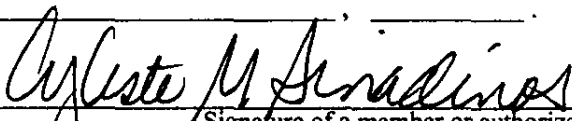
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Dated November 8, 2013



Signature of a member or authorized representative of a member

Cyleste M. Sinadinos

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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