

L13000098477

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

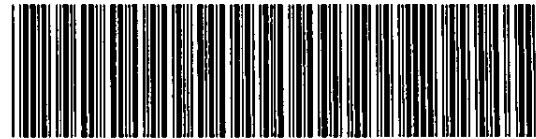
(Business Entity Name)

(Document Number)

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FEB 02 2017
S. YOUNG



ProviderDirectory.comTM

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

ProviderDirectory LLC

3811 N. Oak Dr., Suite 71
Tampa, FL 33611

Telephone: 813-999-3500
Facsimile: 866-385-2001

January 31, 2017

VIA UPS OVERNIGHT

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

**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 \$30.00. This amendment will change the name of the organization from ProviderDirectory LLC to ProviderDirectory.com LLC.

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 813-316-7300.

Kind Regards,
ProviderDirectory LLC


GREGORY J. SINADINOS, SR.
Founder & CEO

greg.sinadinos@providerdirectory.com

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ProviderDirectory LLC Name Change
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

3811 N Oak Dr Ste 71

Address

Tampa FL 33611

City/State and Zip Code

Greg.Sinadinos@ProviderDirectory.com

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

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TALLAHASSEE, FLORIDA
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For further information concerning this matter, please call:

Gregory J. Sinadinos, Sr. 813 999-3500
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**

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:

ProviderDirectory.com LLC

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)

N/A

N/A

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

N/A

N/A

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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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

N/A

Florida

N/A

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 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.

N/A
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>
N/A	N/A		☐ Add
			☐ Remove
			☐ Change
N/A	N/A		☐ Add
			☐ Remove
			☐ Change
N/A	N/A		☐ Add
			☐ Remove
			☐ Change
N/A	N/A		☐ Add
			☐ Remove
			☐ Change
N/A	N/A		☐ Add
			☐ Remove
			☐ Change
N/A	N/A		☐ Add
			☐ Remove
			☐ Change

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TALLAHASSEE, FLORIDA
JUN 17 2014
11:14 AM

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

N/A

N/A

N/A

N/A

N/A

N/A

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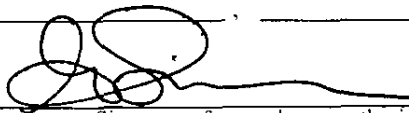
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

Dated January 31, 2017



Signature of a member or authorized representative of a member

Gregory J. Sinadinos, Sr.

Typed or printed name of signee