

L13000144756

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

2014 MAR 21 AM 12:04

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MAR 24 2014
D. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 18, 2014

TERRY J. HOOD, CPA
HILLEGASS, CHEPENIK & HOOD, CPAS
427 3RD STREET NORTH
JACKSONVILLE BEACH, FL 32250

SUBJECT: RADAMES A. OLIVER MD LLC
Ref. Number: L13000149756

We have received your document for RADAMES A. OLIVER MD LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific purpose of the entity must be set forth in the document.

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 call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 714A00005854

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2014 MAR 21 AM 12:04

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Radames A. Oliver, MD, 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:

Terry J. Hood, CPA

Name of Person

Hillegass, Chepenik & Hood, CPAs

Firm/Company

427 3rd Street North

Address

Jacksonville Beach, FL 32250

City/State and Zip Code

thood@hch-cpa.com

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

For further information concerning this matter, please call:

Terry J. Hood

Name of Person

at (904) 246-0713

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

FILED
2014 MAR 21 AM 12:04
OFFICE OF THE
CLERK OF THE
STATE
TALLAHASSEE, FLORIDA

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

RADAMES A. OLIVER, MD, 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 10/23/2013 and assigned
Florida document number L13000149756.

This amendment is submitted to amend the following:

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

RADAMES A. OLIVER, MD, PLLC

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) _____

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

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

FILED
2014 MAR 21 AM 10:04
CLERK OF COURT
JANUARY 2014
TALLAHASSEE, FLORIDA

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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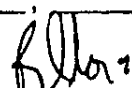
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CLERK OF DISTRICT COURT
PALM BEACH COUNTY, FLORIDA

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

SPECIFIC PURPOSE OF ENTITY :
PRACTICE OF MEDICINE

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated MARCH 13, 2014



Signature of a member or authorized representative of a member

RADAMES A. OLIVER

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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2014 MAR 21 AM 12:04
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TALLAHASSEE FLORIDA