

L13000158633

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

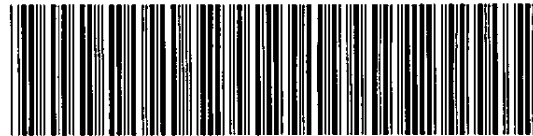
(Business Entity Name)

(Document Number)

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15 JAN -6 PM 3:37
S YOUNG
JAN 07 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

Evidence Based Medicine, 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:

Guyte P. McCord, III

Name of Person

McCord & Bubsey, LLP

Firm/Company

P. O. Box 13489

Address

Tallahassee, FL 32317

City/State and Zip Code

guyte@aol.com

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

For further information concerning this matter, please call:

Guyte P. McCord, III

850 224-2600

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

15 JAN - 2 2003
FILED
SECRETARY OF STATE
TALLAHASSEE, FL

**TO
ARTICLES OF ORGANIZATION
OF**

Evidence Based 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 November 12, 2013 and assigned
Florida document number L13000158633.

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 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: Guyte P. McCord, III

New Registered Office Address: 2601 Capital Medical Boulevard

Enter Florida street address

Tallahassee

Florida 32308

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.

Guyte P. McCord III
If Changing Registered Agent, Signature of New Registered Agent

Authorized Member being added or removed from our records:

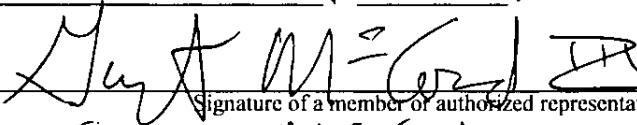
MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Bobby M. Vickers, Jr.	2601 Capital Medical Boulevard, Tallaha:	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
MGR	Wilburn T. Davis, Jr.	2601 Capital Medical Boulevard, Tallaha	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
	Tropical Rx Solutions, LLC	2601 Capital Medical Boulevard, Tallaha:	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 _____



Signature of a member or authorized representative of a member

Guyte M. Cord III

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
15 JAN - 3 37
CLERK OF COURT
JAN 15 2015