

L13000162294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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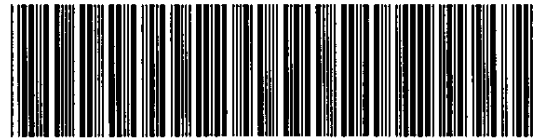
(Business Entity Name)

(Document Number)

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SEP 23 2016

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Palm Beach Medical Alliance, 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:

Sean Geohagen

Name of Person

Firm/Company

7040 Seminole Pratt Whitney Rd., Suite 25-7, Loxahatchee

Address

Loxahatchee, FL 33470

City/State and Zip Code

. PBMA.LLC@gmail.com

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

For further information concerning this matter, please call:

Sean Geohagen

561 541-6854
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" 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 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

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

Palm Beach Medical Alliance, 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 11/19/2013 and assigned
Florida document number L13000162294.

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 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)

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:

Sean Geohagen

New Registered Office Address:

7040 Seminole Pratt Whitney Rd. Suite 25-7

Enter Florida street address

Loxahatchee

City

Florida

33470

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.



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>
AMBR	Olouswyke Tennent	7040 Seminole Pratt Whitney Rd.	<input checked="" type="checkbox"/> Add
		Loxahatchee, FL 33470	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Claudette Brandford	7040 Semionle Pratt Whitney Rd.	<input type="checkbox"/> Add
		Loxahatchee, FL 33470	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Sean Geohagen	7040 Seminole Pratte Whitney Rd.	<input checked="" type="checkbox"/> Add
		Loxahatchee, FL 33470	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 10-16-2016 BY 60322
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16 SEP 22 PM 9:19
21100 SEC 0100004

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.

Dated SEPTEMBER, 12, 2016

Signature of a member or authorized representative of a member

Typed or printed name of signee