

213000 168722

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

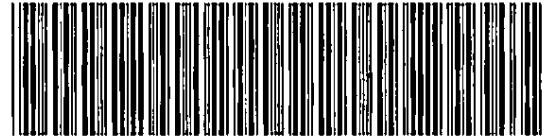
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400352857054

10/06/20--01016--027 **30.00

FILED
2020 OCT -6 PM 3:10
CLERK OF STATE
TALLAHASSEE, FL

16 11/12/20

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Osteopathic Center, 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:

Kristopher Goddard

Name of Person

Osteopathic Center, LLC

Firm/Company

3915 Biscayne Blvd, Suite 406

Address

Miami, FL 33137

City/State and Zip Code

admin@theosteocenter.com

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

For further information concerning this matter, please call:

Kristopher Goddard 865 2287289

Name of Person at ()
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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>
MGR	Jayne Montross	4801 South University Drive	<input type="checkbox"/> Add
		Suite 217	<input checked="" type="checkbox"/> Remove
		Davie, FL 33328	<input type="checkbox"/> Change
MGR	Kristopher Goddard	3915 Biscayne Blvd	<input type="checkbox"/> Add
		Suite 406	<input type="checkbox"/> Remove
		Miami, FL 33137	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2020 OCT 10 PM 8:10
 OFFICE OF STATE
 CLERK
 TALLAHASSEE, FL
 RECORDED
 INDEXED

2020 OCT -6 PM 3:10
CLERK OF STATE
TALLAHASSEE, FL

PAID
2020 OCT -6 PM 3:10
THE CLERK OF STATE
TALLAHASSEE FL

(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.

Dated September 30 2020


Signature of a member or authorized representative of a member

Typed or printed name of signee