

L13000 174052

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

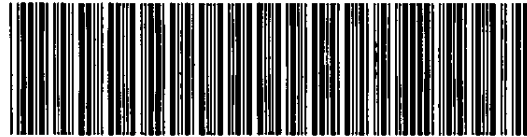
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

657



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 30, 2014

SCOTT STENZEL
2745 LAKEWOOD POINTE DR
ORLANDO, FL 32817

SUBJECT: INSTAPATIENT, LLC.
Ref. Number: L13000174052

We have received your document for INSTAPATIENT, 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 effective date must be specific and cannot be prior to the date of filing.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 714A00002100

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INSTA PATIENT 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:

SCOTT STENZEL

Name of Person

Firm/Company

2745 Lakewood Pointe Dr

Address

Orlando, FL 32817

City/State and Zip Code

[REDACTED] info@instapatient.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SCOTT STENZEL

Name of Person

at (321) 663-6979

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**

(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 12/17/2013 and assigned Florida document number L13000174052.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

509 S. CHICKASAW TRAIL
STE 160
ORLANDO FL 32825

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

509 S. CHICKASAW TRAIL
STE 160
ORLANDO FL 32825

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:

Scott Stenzel

New Registered Office Address:

509 S. CHICKASAW TRAIL STE 160

Enter Florida street address

ORLANDO

Florida

32825

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.

If Changing Registered Agent, Signature of New Registered Agent

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>
<u>MGR</u>	<u>SCOTT STENZEL</u>	<u>[REDACTED]</u>	<input type="checkbox"/> Add
		<u>509 S. CHICKASAW TRAIL</u>	<input type="checkbox"/> Remove
		<u>STE 160</u>	<input checked="" type="checkbox"/> EDIT
		<u>ORLANDO FL 32825</u>	
<u>MGR</u>	<u>MARC BARRIGER</u>	<u>509 S. CHICKASAW TRAIL</u>	<input type="checkbox"/> Add
		<u>STE 160</u>	<input type="checkbox"/> Remove
		<u>ORLANDO FL 32825</u>	<input checked="" type="checkbox"/> EDIT
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

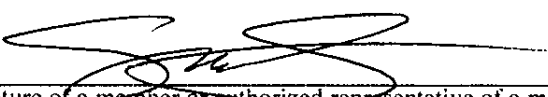
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

CHANGE MGRM TO MGR FOR
SCOTT STENZEL AND MARC BARRIGER
UPDATE ADDRESSES

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 more than 90 days after filing.) (605.0207 (3)(b))

Dated 1 / 7 / 2014


Signature of a member or authorized representative of a member

SCOTT STENZEL

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA