

L14 000049149

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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ROBIN LLOYD & ASSOCIATES, P.A.

ATTORNEYS AND COUNSELORS

ROBIN A. LLOYD, SR., J.D.

BECKETT C. HORNER, J.D.

July 24, 2014

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Pro Team Med, LLC  
L14000049149

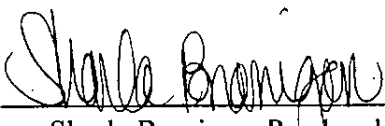
To Whom It May Concern,

Enclosed please find the Articles of Amendment to Articles of Organization for the above listed LLC, along with a check in the amount of \$25.00 payable to Florida Department of State for the filing fee.

If you have any questions or need anything further, please contact our office.

Kindest regards,

ROBIN LLOYD & ASSOCIATES, P.A.

By:   
Sharla Branigan, Paralegal

Enclosure

cc: Annette Miller

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Pro Team Med, 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:

Robin A. Lloyd, Sr.

Name of Person

Robin Lloyd & Associates, P.A.

Firm/Company

5089 Highway A1A, Suite 100

Address

Vero Beach, FL 32963

City/State and Zip Code

rlloyd@rlloydlaw.com

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

For further information concerning this matter, please call:

Robin A. Lloyd, Sr.

Name of Person

at (772) 234-5500

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**

Pro Team Med, 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 March 25, 2014 and assigned  
Florida document number L14000049149.

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:**

5089 Highway A1A, Suite 100

**(Principal office address MUST BE A STREET ADDRESS)**

Vero Beach, FL 32963

**Enter new mailing address, if applicable:**

5089 Highway A1A, Suite 100

**(Mailing address MAY BE A POST OFFICE BOX)**

Vero Beach, FL 32963

**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:

Robin A. Lloyd, Sr.

New Registered Office Address:

5089 Highway A1A, Suite 100

Enter Florida street address

Vero Beach

City

Florida

32963

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>                      |
|--------------|---------------------|----------------------|--|
| MGR          | Annette Miller      | 2015 31st Avenue     | <input type="checkbox"/> Add               |
|              |                     | Vero Beach, FL 32960 | <input checked="" type="checkbox"/> Remove |
| MGR          | Robin A. Lloyd, Sr. | 5089 Highway A1A     | <input checked="" type="checkbox"/> Add    |
|              |                     | Suite 100            | <input type="checkbox"/> Remove            |
|              |                     | Vero Beach, FL 32963 |  |
|              |                     |                      | <input type="checkbox"/> Add               |
|              |                     |                      | <input 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            |

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

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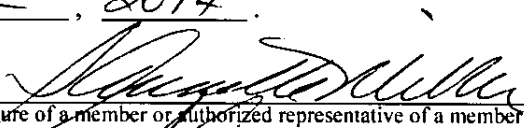
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

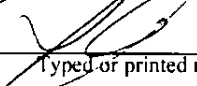
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated

July 23<sup>rd</sup>, 2014

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

**Annette Miller**

  
\_\_\_\_\_  
Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

FILED  
JUL 23 2014  
CLERK OF COURT  
JUL 23 2014