

L 14 0000 97269

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

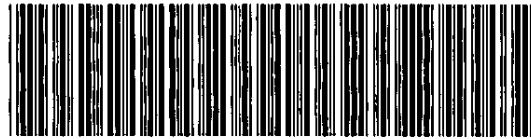
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100261386271

06/19/14--01010--003 **25.00

RECEIVED
14 JUN 19 PM 2:39
TAXI 2014 06 19 14:39:00

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CELEP SIMSIR MANAGEMENT, 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:

CELEP SIMSIR
Name of Person

Firm/Company

6349 BEACH BLVD
Address

JACKSONVILLE, FLORIDA, 32216
City/State and Zip Code

celepsimsir@gmail.com
E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call:

Celep Simsir at (904) 994-4243
Name of Person 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**

CELEP SIMSIR MANAGEMENT, 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 JUN 09, 2014 and assigned Florida document number L14000092269

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MEDICAL SERVICE MANAGEMENT GROUP LLC
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: 6349 BEACH BLVD STE 2
JACKSONVILLE, FL 32216
(Principal office address MUST BE A STREET ADDRESS)

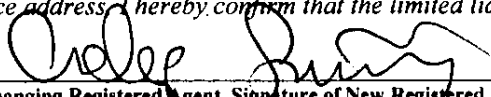
Enter new mailing address, if applicable: 11028 TURNBRIDGE DRIVE
JACKSONVILLE, FL 32256
(Mailing address MAY BE A POST OFFICE BOX)

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: CELEP SIMSIR
New Registered Office Address: 6349 BEACH BLVD STE 2
Enter Florida street address
JACKSONVILLE, Florida 32216
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>
AMBR	CELEP SIMSIR	11028 Turbroye Dr, FL 32206	<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

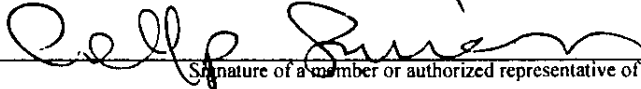
JUN 10 2008
 11:00 AM
 TAMPA, FLORIDA

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

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 Jun, 17, 2014.


Signature of a member or authorized representative of a member

CELSI SIMSIR
Typed or printed name of signee

FLORIDA DEPARTMENT OF STATE

14 JUN 19 PM 3:39