

L14000103812

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2014 JUL 23 P 3:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. ROSTICK  
JUL 24 2014

CONFIRMED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Suncoast Family medicine, 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:

Barbara L. BAKUS. DO  
Name of Person

Suncoast Family medicine, LLC  
Firm/Company

645 Coral Dr.  
Address

NOKOMIS, FL 34275  
City/State and Zip Code

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

For further information concerning this matter, please call:

Barbara L. BAKUS at (440) 991-6718  
Name of Person Area Code Daytime Telephone Number

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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

TO  
ARTICLES OF ORGANIZATION  
OF

SunCoast Family Medicine, 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 June 30, 2014 and assigned  
Florida document number L 14000103818

This amendment is submitted to amend the following:

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

SunCoast Family Wellness, 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:

(Principal office address MUST BE A STREET ADDRESS)

2401 University Parkway  
Bldg 1, Suite 200  
Sarasota, FL 34243

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:

New Registered Office Address:

Enter Florida street address

City, Florida

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**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**

**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>
_____	_____	_____	<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
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		_____	<input type="checkbox"/> Remove
		_____	

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

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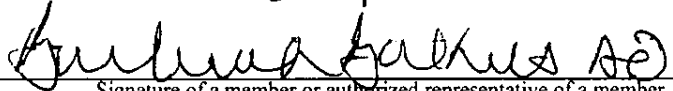
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 7-1-, 2014.

  
Signature of a member or authorized representative of a member

Barbara L. Bakus AO  
Typed or printed name of signee

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2014 JUL 23 P 3:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 14, 2014

BARBARA L. BAKOS, DO  
645 CORAL DRIVE  
NOKOMIS, FL 34275

SUBJECT: SUNCOAST FAMILY MEDICINE, LLC  
Ref. Number: L14000103818

We have received your document for SUNCOAST FAMILY MEDICINE, 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 document must be signed by a member or an authorized representative of a member.

Please return 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.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 714A00015108

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TALLAHASSEE, FLORIDA