

L14000103818

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

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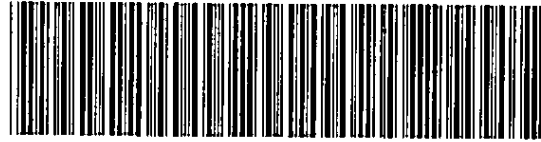
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

Ja



# Suncoast Family Wellness, LLC

## Integrative Family HealthCare

March 17, 2021

Florida Department of State  
Division of Corporations

To Whom It May Concern:

Please find enclosed my Articles of Amendment. This is the second attempt to change the LLC name back to Suncoast Family Wellness, LLC.

I applied January 26, 2021 and my check was cashed for the name change, however up to this date; 3-17-21 it has not been changed. I have phoned the Sunbiz.com number; 850-245-6051 several times and I have left 3 voicemails for the past month without a returned call.

I have provided a copy of the previous application with blue highlighted areas that I requested the change. I have also included a copy of my cashed check # 1087 from my banking statement.

I have included a new application with a blue highlighted star next to the information that is requested to be changed. I have also included the proper payment for filing, certificate of status and certified copy.

Please process my request ASAP since now it is 2 months late from my previous filing to change the name.

I would appreciate the \$25 credit for refiling this form. However, my primary concern is getting this filling completed ASAP since it is necessary for my credentialling for my practice expansion.

If you have any questions you can call me on my call phone (440) 991-6718. Please leave a voice mail if I cannot immediately answer and I will return your call ASAP.

Regards,

Dr. Barbara L. Bakus

Dr. Barbara L. Bakus, DO, ABIHM

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Suncoast Family Urgent Care & Wellness 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:

Barbara Bakos, DO  
Name of Person

Suncoast Family Wellness, LLC  
Firm/Company

6946 Westchester Circle  
Address

Lakewood Ranch, FL 34202  
City/State and Zip Code

dr.b.bakos@suncoastfamilywellness.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barbara Bakos, DO at (440) 991-6718  
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 Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Suncoast Family Urgent Care + Wellness Center, 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 6/30/2014 and assigned Florida document number L14000103818

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 contain 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)

6260 Lake Osprey Dr.  
Lakewood Ranch Fl  
34240

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6946 West Chester Circle  
Lakewood Ranch, Fl  
34202

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

Florida

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 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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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SEC. STATE OF FLA.  
TALLAHASSEE, FLORIDA

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2021 MAR 22 PM 1:16  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

(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 3/17 2021

Julius Baer

Signature of a member or authorized representative of a member

Barbara Barnes At

Typed or printed name of signee