

L14000 124659

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

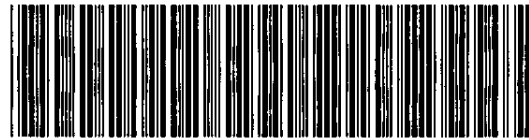
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: COMPLETE FOOT CARE ASSOCIATES, 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:

ROGER L. ZEMA  
Name of Person

COMPLETE FOOT CARE ASSOCIATES LLC  
Firm/Company

6487 JUSTO CT  
Address

PORR ORANGE, FLORIDA 32128  
City/State and Zip Code

ZEMAROGERT@Gmail.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROGER ZEMA at (904) 501-7635  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                             |                                                                        |                                                                                                  |                                                                                                                                       |
|---------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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 32314

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

COMPLETE FOOT CARE ASSOCIATES, 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 AUGUST 7, 2014 and assigned Florida document number L14000124059.

This amendment is submitted to amend the following:

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

COMPLETE FOOT CARE ASSOCIATES PLLC

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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_, 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 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>AMBR</u> | <u>ROGER L. ZEMA</u> | <u>6487 JUSTIN CT. PORT ORANGE</u><br><u>FLORIDA 32128</u> | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|-------------|----------------------|------------------------------------------------------------|----------------------------------------------------------------------------|

\* PLEASE CHOOSE TITLE FROM  
MGR TO AMBR

|             |                        |                                                           |                                                                            |
|-------------|------------------------|-----------------------------------------------------------|----------------------------------------------------------------------------|
| <u>AMBR</u> | <u>MINDY S. TAYLOR</u> | <u>6487 JUSTIN CT PORT ORANGE</u><br><u>FLORIDA 32128</u> | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
|-------------|------------------------|-----------------------------------------------------------|----------------------------------------------------------------------------|

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| _____ | _____ | _____ | <input type="checkbox"/> Add |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

AMGENS LLC TO PLLC, AS I AM

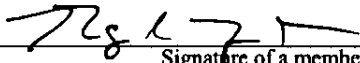
A PHYSICIAN OPENING A NEW OFFICE.

FLORIDA LICENSE NUMBER: PO 3320

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 AUGUST 25, 2014.



Signature of a member or authorized representative of a member

ROGER L. ZEMA

Typed or printed name of signee