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Kenneth Kemple

Requester's Name

2168 E Park

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Tallahassee

850-545-1986

City/State/Zip

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TALLAHASSEE, FL 32304

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1. Gulfshore Concierge Medicine LLC

(Corporation Name)

(Document #)

2.

(Corporation Name)

(Document #)

3.

(Corporation Name)

(Document #)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Gulfshore Concierge 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:

Randal C. Fairbanks

Name of Person

Fairbanks Law Group, PL

Firm/Company

113 Nature Walk Parkway, Ste. 103

Address

St. Augustine, FL 32092

City/State and Zip Code

rfairbanks@fairbankslawgroup.com

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

For further information concerning this matter, please call:

Randal C. Fairbanks

at (904)

507-6300

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

SECRETARY OF STATE
TALLAHASSEE, FL 32301

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

Gulfshore Concierge 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 August 27, 2014 and assigned
Florida document number L14000134685.

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:

(Principal office address MUST BE A STREET ADDRESS)

1350 Tamiami Trail

Suite 101

Naples, Florida 34602

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1350 Tamiami Trail

Suite 101

Naples, Florida 34602

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>
MGR	Eric J. Hochman	1350 Tamiami Trail	<input checked="" type="checkbox"/> Add
		Suite 101	<input type="checkbox"/> Remove
		Naples, Florida 34602	
MGR	Randal C. Fairbanks	113 Nature Walk Parkway	<input type="checkbox"/> Add
		Suite 103	<input checked="" type="checkbox"/> Remove
		St. Augustine, Florida 32092	
			<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

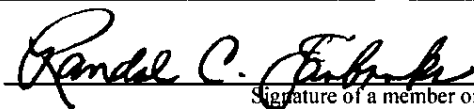
SECRETARY OF STATE
 TALLAHASSEE, FLORIDA 32399-0001
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 December 11, 2014



Signature of a member or authorized representative of a member

Randal C. Fairbanks

Typed or printed name of signee

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TALLAHASSEE FLORIDA

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