

L14000162525

(Requestor's Name)

(Address)

(Address)

W15-61582

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

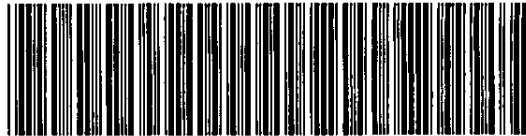
Certified Copies _____

Certificates of Status _____

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Wrong form

Office Use Only



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L14-162525

09/15/15--01010--020 **35.00

Amend/NC LLC

FILED
15 SEP 24 AM 8:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 25 2015

N. CAUSSEAU

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: E i M NM HOLDINGS, 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:

BRIAN MASON
Name of Person

Firm/Company

311 FLAMINGO AVE
Address

NAPLES, FL 34108
City/State and Zip Code

B3KEMASON@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brian Mason at (239) 464-1443
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 & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 17, 2015

BRIAN MASON, MD
311 FLAMINGO AVENUE
NAPLES, FL 34108

SUBJECT: E&M NM HOLDINGS, LLC
Ref. Number: L14000162525

We have received your document for E&M NM HOLDINGS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Nanette Causseaux
Regulatory Specialist II Supervisor

Letter Number: 815A00019694

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

E C M NM HOLDINGS, 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 10/17/14 and assigned

Florida document number L14000162525

This amendment is submitted to amend the following:

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

BMASON CLINICAL SERVICES, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

**311 FLAMINGO AVE
NAPLES FL 34108**

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**311 FLAMINGO AVE
NAPLES FL 34108**

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:

Brian Mason

New Registered Office Address:

311 Flamingo Ave Naples FL 34108

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> |
|--------------|-----------------|----------------------|--|
| MGR | ERK ESKUGLU, M. | 14771 JONATHAN TRAIL | <input type="checkbox"/> Add |
| | | FL MYERS FL 33908 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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 CLERK OF STATE
 TALLAHASSEE FLORIDA

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

15 SEP 24 AM 8:43
SECURITY OF STATE
TALLAHASSEE, FLORIDA

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

(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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

9/20/15

Rajan Manna
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Brian Mason, MD

CMGR

Typed or printed name of signee