

2140001691023

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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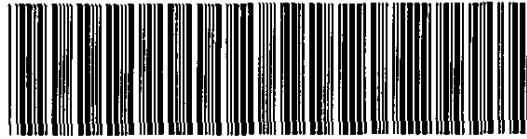
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

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J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Stephen Mazer Primary Care Services-SMPCS 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:

Stephen B. Mazer
Name of Person

Firm/Company

35095 US. Hwy 19 N. Suite #201B
Address

Palm Harbor, FL. 34684
City/State and Zip Code

Sbmazer@verizon.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alonso Leonorine at 727 796-2498
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" 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

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TALLAHASSEE, FLORIDA
CLERK OF STATE

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

Stephen Mazer Primary Care Services-Smpcs 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 October 30, 2014 and assigned Florida document number L14000169623.

This amendment is submitted to amend the following:

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

Stephen Mazer Primary Care Services-Smpcs-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:

Same
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

Same
(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:

Stephen B. Mazer M.D.
35095 US Hwy 19 North #201B
Enter Florida street address
Palm Harbor, Florida 34684
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.

Stephen B. Mazer M.D.
If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

(M.D) Stephen B. Marce 35095 US Hwy 9 North ☒ Add
MGR Suite # 201 B. ☐ Remove

Palm Harbor, Fl. 34684

✓ Lynne Roberts 35095 US Hwy 19 N ☐ Add
Suite #201 B ☒ Rem

PALM HARBOR, FL-34684

Alondra Leonorine 35095 US Hwy 19 N ☐ Add
Suite #201 B ☒ Remove

Palm Harbor, FL. 34684

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☐ Remove☐ Remove

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

N/A

E. Effective date, if other than the date of filing: November 5th 2014 (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 November 5th 2014.

Stephen B. Mayer
Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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