## L1500003349

Office Use Only



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## **COVER LETTER**

TO: Registration Se Division of Cor	
Carrie C	Cragun-Atchison Ph.D. LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Articles of	Amendment and fee(s) are submitted for filing.
Please return all correspo	ondence concerning this matter to the following:
	Tina Pressley
	Name of Person
	Hunter & Associates, P.A.
	Firm/Company
	4201 Baymeadows Road, Suite 4
	Address
	Jacksonville, FL 32217
	City/State and Zip Code
	Tpressley@huntercpa.com
For further information c	E-mail address: (to be used for future annual report notification) concerning this matter, please call:
Tina Pressley	904 731-9222
Name o	f Person Area Code Daytime Telephone Number
Enclosed is a check for the	he following amount:
□ \$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status  Certified Copy (additional copy is enclosed)  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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## CARRIE CRAGUN-ATCHINSON, Ph.D. 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 02-09-15 and assigned Florida document number\_L15000023349 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Carrie Cragun-Atchison, Ph.D. LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 2720 Park Street, Suite 215 Enter new principal offices address, if applicable: Jacksonville, FL 32205 (Principal office address MUST BE A STREET ADDRESS) 2720 Park Street, Suite 215 Enter new mailing address, if applicable: Jacksonville, FL 32205 (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

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

Authorized Member		
<u>Name</u>	Address	Type of Action
		Remove
		_
		Remove
		Add Add
		Remove Re
<u> </u>		S Add
		☐ Remove
		☐ Add
		Remove
		Name Address

If amending any other inf	ormation, enter change(s) here: (Attach additional sheets, if necessary.)
<u> </u>	
	,
	,
(The effective date must be specifi	in the date of filin (optional) ic, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the Florida Department of State)
Dated 02-10	2015
Carrie	Crayme-Atchison, Ph.D.
	Signature of a member or authorized representative of a member
Carrie Cragur	n-Atchison, Ph.D.
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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