

L15000047083

Florida Department of State
Division of Corporations
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((H15000088289 3)))



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Division of Corporations
Fax Number : (850) 617-6383

From:

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Fax Number : (323) 962-3889

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TAMPA, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TAMPA BAY PSYCHIATRY AND BEHAVIORAL NEUROSCIENCES,
P**

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$55.00

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CLERK OF STATE
BUREAU OF COMMERCIAL
INFORMATION SERVICES

Electronic Filing Menu

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APR 13 2015
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TAMPA BAY PSYCHIATRY AND BEHAVIORAL NEUROSCIENCES, PLLC
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:

Cheyenne Moseley

Name of Person

Legalzoom.com, Inc.

Firm/Company

100 W. Broadway Suite 100

Address

Glendale, CA 91210

City/State and Zip Code

rsingare@yahoo.com

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

For further information concerning this matter, please call:

Imelda Vasquez

at (323)

962-8600 ext 7950

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 &
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(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

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TALLAHASSEE, FL
CLERK OF SUPERIOR COURT

FAX COVER SHEET

TO	
COMPANY	
FAX NUMBER	18506176383
FROM	Amanda Sando
DATE	4/9/2015 4:03:47 PM PDT
RE	(((H15000088289 3)))Tampa Bay Psychiatry & Sleep Disorders,
PLLC - 512961292	

COVER MESSAGE

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OFFICE
FLORIDA

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TO ARTICLES OF ORGANIZATION OF

TAMPA BAY PSYCHIATRY AND BEHAVIORAL NEUROSCIENCES, PLLC

~~(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 03/16/2015 and assigned Florida document number L15000047083.

This amendment is submitted to amend the following:

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

Tampa Bay Psychiatry & Sleep Disorders, 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

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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	
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_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	

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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 April 1, 2015



Signature of a member or authorized representative of a member

Ravi Singareddy

Typed or printed name of signee

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TALLAHASSEE FLORIDA