

L15000069763

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

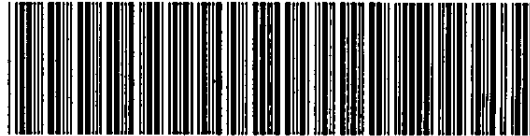
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000288906140

000288906140
08/18/16--01024--027 **35.00

SEP 15 PM 1:31
CLERK OF COURT
SULKER, FLORIDA

SEP 19 2016

Y SULKER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 19, 2016

MELISSA JAY
6924 PROFESSIONAL PARKWAY E STE B
LAKEWOOD RANCH, FL 34240

SUBJECT: PRESTIGE MEDICAL GROUP, LLC
Ref. Number: L15000069763

2016 SEP 14 PM 12:51
TALLAHASSEE, FLORIDA

We have received your document for PRESTIGE MEDICAL GROUP, 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.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 616A00017657

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Prestige Medical Group
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:

Melissa Jay
Name of Person

Prestige Medical Group
Firm/Company

527 Honeyflower Loop
Address

Bradenton, FL. 34212
City/State and Zip Code

melissa.jay01@gmail.com
E-mail address: (to be used for future annual report notification)

Please
Keep personal
address
and
phone
private and
not published.
Thank
you.

For further information concerning this matter, please call:

Melissa Jay at (_____) _____
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

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

Prestige Medical Group, 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 4/21/15 and assigned
Florida document number L15000069763

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 contain 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)

6924 Professional Parkway E.
Ste B.
Lakewood Ranch, FL. 34240

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6924 Professional Parkway E.
Ste B.
Lakewood Ranch, FL. 34240

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

MGR = Manager
AMBR = Authorized Member

☐ Change
☐ Add
☐ Remove
☐ Change

07-19-11
ALLIANCE

16 SEP 15 PM 1:55
FLORENCE, ALA

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.

Dated September 10, 2016.

Signature of a member or authorized representative of a member

Typed or printed name of signee