

L15000077390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

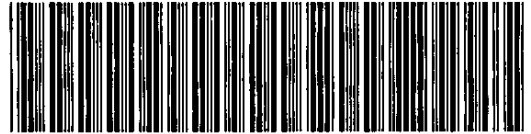
(Document Number)

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docs, np
12/31/15

Office Use Only



000280206750

L15-77390

Amend

12/23/15--01028--021 **25.00

FILED
15 DEC 29 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 30 2015

N. CAUSSEAU



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 31, 2015

LOYAL MEDICAL DECISIONS LLC
6203 A. MAIN AVENUE
TAMPA, FL 33611

SUBJECT: LOYAL MEDICAL DECISIONS LLC
Ref. Number: L15000077390

We have received your document for LOYAL MEDICAL DECISIONS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

We did not receive a cover where to send correspondence, nor a name/phone number. Document must be TYPED or PRINTED, if HAND WRITTEN, the writing must be legible.

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: 615A00027286

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

LOYAL MEDICAL DECISIONS 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 5 1 1 15 and assigned
Florida document number L15000077390

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: NA

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: NA

(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:

MARK R. LAFLAMME

New Registered Office Address:

6203 S MAIN AVE

Enter Florida street address

TAMPA

City

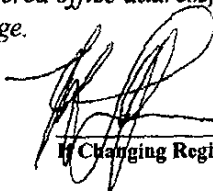
Florida

33611

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

Existing 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>
AMBR/MGR	MARK R LAFLAMME	6203 S. MAIN AVE	<input checked="" type="checkbox"/> Add
		TAMPA FL 33611	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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15 DEC 29 AM 9:34
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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

AMENDMENTS ARTICLE III
LOAN MEDICAL DECISIONS no longer has a
Financial Advisor
THE MANAGER IS RESPONSIBLE FOR ALL BUSINESS
DECISIONS (see attachment)
ARTICLE IV
NEW REGISTERED AGENT (see section B)

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15 DEC 29 AM 9:34
CLERK OF STATE
TALLAHASSEE FLORIDA

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

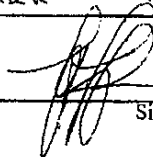
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 DECEMBER 19, 2015.



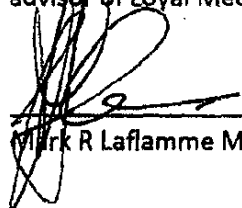

Signature of a member or authorized representative of a member

MARK R. LAFLAMME

Typed or printed name of signee

Notice of change of financial advisor and registered agent

As of December 19, 2015 Mr. Angel Vazquez is no longer the registered agent nor the financial advisor of Loyal Medical Decisions.

	<u>12 19 2015</u>		<u>12 12 2015</u>
Mark R Laflamme MD	date	Angel Vazquez	date