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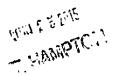
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SECRETARY OF STATE TALLAHASSEE, FLORIDA



# **COVER LETTER**

Division of Corporations
SUBJECT: CACLORAN INTERNAL MENTANCE CLC  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:
MARK CALLAND RO
CAMMAN INTERNAL MEDICING UC
5496 UNTERVIEW DR
Chy/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mark Call Mar Mare of Person at (44) Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$ Certified Copy (additional copy is enclosed) \$\Bigcup \$ 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

PANDETOTE (NAMED) AS	MEDICINO UL
(Name of the Limited Liability) (A Florida	y Company as it now adpears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number <u>U5,000,872</u>	ompany were filed on 5116 2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or the above Attion J.L.C."
Enter new principal offices address, if applicable:	A CONTRACTOR OF THE PROPERTY O
(Principal office address MUST BE A STREET ADDR	
Enter new mailing address, if applicable:	2: 38 STATE FLORN
(Mailing address MAY BE A POST OFFICE BOX)	A D
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	tered office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida City Zip Code
Nau Dagistarad Agant's Signatura if changing Dagistara	•

### 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 or removed	Authorized Person(s) authorized to ma	anage, enter the title, name, and address of each	person being adde
MGR = M $AMBR = A$	anager uthorized Member		
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Filing Fee: \$25.00