L15000110754

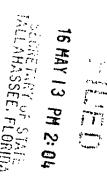
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COVER LETTER

TO: Registration Section , Division of Corporations
SUBJECT: Fanuy Mud Careers LC 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:
TRISHA O'Brien Name of Person
Farmy Med Careers, LLC
14505 Beauty CIVILL
Hudson, M. 34/ele7 City/State and Zip Code
F-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TRISH OBIEN at (727) 857-4381 Name of Person at (727) Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) 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

(Name of the Limited Liability Comp	any as it now appears on our records.) Liability Company)	·	
The Articles of Organization for this Limited Liability Company Florida document number <u>L15000110754</u> .	were filed on <u>U30115</u>	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab Physician Med Careers, Lic The new name must be distinguishable and contain the words "Limited Liab		e 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)		16 MA	<u> </u>
B. If amending the registered agent and/or registered or registered of steeps the new registered of size address here.		(/) at (***********************************	e new
Name of New Registered Agent:	<u></u>	2: 04 2: 04 31ATE - ORIDA	
New Registered Office Address:	Enter Florida sweet address		
	City, Florida	Zin 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

If amending 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>Address</u> **Type of Action** <u>Title</u> **Name** □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change _□ Add □ Remove Charge HASSER, FLORIDA ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

Page 2 of 3

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
Drethy Simple list Changing LLC from	
Pretty Simple, Sust Changing UC from Family Med Careers to Physician Med Careers, UC	
Thank you!	
inanc you!	
	5°
Ta B II	7
CORDUN SINCE	,}
DA SE	
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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.	(3)(b) the
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.	f:
Dated May 10, 2016.	
Signature of a member or authorized representative of a member	
TRISH OBNIM Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00