

L15000116955

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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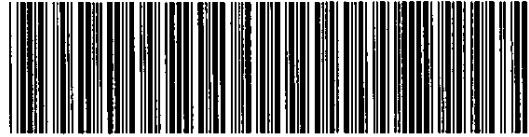
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 10 2015
T. HARRINGTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOUTHWEST FLORIDA PATIENT CARE, LLC
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:

DAVID A. WOOD

Name of Person

SOUTHWEST FLORIDA PATIENT CARE, LLC

Firm/Company

9452 MONTEBELLO WAY #109

Address

FORT MYERS, FL 33908

City/State and Zip Code

davidsusanwood@gmail.com

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

For further information concerning this matter, please call:

DAVID A. WOOD

Name of Person

at (508)

Area Code

596-1811

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 & Certified Copy (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

TO
ARTICLES OF ORGANIZATION
OF

SOUTHWEST FLORIDA PATIENT CARE, 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 07/07/2015 and assigned
Florida document number L15000116955

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)

9452 MONTEBELLO WAY
#109

FORT MYERS, FL 33908

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9452 MONTEBELLO WAY
#109

FORT MYERS, FL 33908

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:

DAVID A. WOOD

New Registered Office Address:

9452 MONTEBELLO WAY #109

Enter Florida street address

FORT MYERS

City

Florida

33908

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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	WILLIAM A. WOOD	1781 W. MARION AVE	<input type="checkbox"/> Add
		PUNTA GORDA, FL 33950	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SUSAN A. WOOD	9452 MONTEBELLO WAY	<input checked="" type="checkbox"/> Add
		#109	<input type="checkbox"/> Remove
		FORT MYERS, FL 33908	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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Lined area for document content.

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 AUGUST 5, 2015


Signature of a member or authorized representative of a member

DAVID A. WOOD

Typed or printed name of signee

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TALLAHASSEE, FLORIDA