

L15000167145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

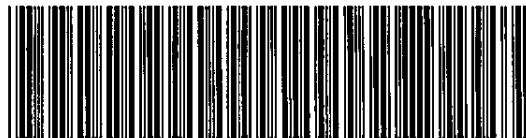
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16 JUL 25 PM 2:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 25 2016  
J. HARRIS

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: COMPREHENSIVE FAMILY MEDICINE OF ORLANDO 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:

ANA E ROSARIO

\_\_\_\_\_  
Name of Person

AMERICAN TAX & PAYROLL SERVICES LLC

\_\_\_\_\_  
Firm/Company

1015 SR 436 SUITE 105

\_\_\_\_\_  
Address

CASSELBERRY, FL 32707

\_\_\_\_\_  
City/State and Zip Code

ANA.ROSARIO@AMERICANTAXPAYROLL.COM

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

For further information concerning this matter, please call:

ANAE ROSARIO

407 767-1647  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
2016 JUL 25 PM 1:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

July 14, 2016

ANA E ROSARIO  
AMERICAN TAX & PAYROLL SERVICES LLC  
1015 SR 436 SUITE 105  
CASSELBERRY, FL 32707

SUBJECT: COMPREHENSIVE FAMILY MEDICINE OF ORLANDO LLC  
Ref. Number: L15000167145

We have received your document for COMPREHENSIVE FAMILY MEDICINE OF ORLANDO 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):

Page 2 is missing.

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.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 516A00014716

FILED  
16 JUL 25 PM 2:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Comprehensive Family Medicine of Orlando 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 10/01/2015 and assigned  
Florida document number L15000167145.

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:**

5946 CURRY FORD ROAD SUITE 103

**(Principal office address MUST BE A STREET ADDRESS)**

ORLANDO, FL 32822

**Enter new mailing address, if applicable:**

5946 CURRY FORD ROAD SUITE 103

**(Mailing address MAY BE A POST OFFICE BOX)**

ORLANDO, FL 32822

**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**

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JUL 25 PM 2:11  
CLERK OF DISTRICT COURT  
ORLANDO, FLORIDA

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

2/18

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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TALLAHASSEE, FL 32304  
JUL 16 2010 PM 2:10

[illegible]

(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)

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.

*Ira L. Rosau*

ANA E ROSARIO

Typed or printed name of signee

16 JUL 25 PM 2:10  
SECRETARY OF STATE  
ITALY/AMEMB WASHINGTON