

L15000177613

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

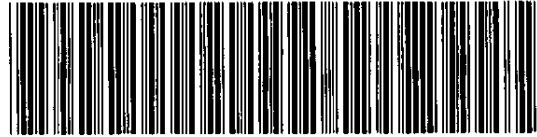
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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ANA B. CHARLES, M.D., PLLC  
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 BELEN MAY, M.D.

Name of Person

Firm/Company

507 PALM DR

Address

LARGO FL 33770

City/State and Zip Code

ana.charles@pcpcah.com

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

For further information concerning this matter, please call:

ANA MAY

Name of Person

at (727)

Area Code

239-3907

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

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

ANA B. CHARLES, M.D., PLLC

(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 10/19/2015 and assigned Florida document number L15000177613

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

ANA B. MAY, M.D., PLLC

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)

507 PALM DR

LARGO FL 33770

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME AS ABOVE

**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:

ANA B. MAY

New Registered Office Address:

507 PALM DR

Enter Florida street address

LARGO

City

Florida

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

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>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	ANA B. MAY, MD	507 PALM DR LD260	<input checked="" type="checkbox"/> Add
		FL, 33770	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ANA B. CHARLES, MD	507 PALM DR	<input type="checkbox"/> Add
		LD260 FL 33770	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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FBI - SOUTH CAROLINA  
FBI - SOUTH DAKOTA  
FBI - TEXAS  
FBI - UTAH  
FBI - VERMONT  
FBI - VIRGINIA  
FBI - WASHINGTON  
FBI - WEST VIRGINIA  
FBI - WISCONSIN  
FBI - WYOMING

(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.

Dated NOVEMBER 14<sup>th</sup>, 2016

Signature of a member or authorized representative of a member

ANA B. MAY, MD

Typed or printed name of signee