

L15000182243

(Requestor's Name)

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2016 SEP 26 AM 11:03  
FALL ANNUAL MEETING

2016 SEP 26 AM 10:30  
SECRETARY OF STATE  
FALL ANNUAL MEETING

FILED

K. SALY

SEP 29 2016

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HIFU Solution, 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:

Perinchery Narayan, M.D.

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

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

3426 NW 43rd St. Ste B

\_\_\_\_\_  
Address

Gainesville, Florida 32606

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

nflua.hifu@gmail.com

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

For further information concerning this matter, please call:

John Frye

941 928-0660  
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

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

HIFU Solution, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**FILED**  
2016 SEP 26 AM 10:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10/27/2015 and assigned  
Florida document number L15000182243

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) \_\_\_\_\_

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address MAY BE A POST OFFICE BOX) \_\_\_\_\_

**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: Perinchery Narayan, M.D.

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

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>
MGR	Perinchery Narayan, M.D.	3426 N.W. 43rd St.	<input type="checkbox"/> Add
		Gainesville, Fl. 32606	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Alex Sexton	3426 N.W. 43rd St.	<input type="checkbox"/> Add
		Gainesville, Fl. 32606	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2016 SEP 26 AM 10:00  
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CLERK OF SUPERIOR COURT  
ALABAMA

FILED

2016 SEP 2  
OFFICE OF STATE  
SOCIETY OF FLORIDA  
TALLAHASSEE

**FILED**  
2016 SEP 26 AM 10:30  
FBI - NEW YORK  
RECEIVED  
SEP 26 2016  
FALL

**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.

Dated 22 September, 2016

Typed or printed name of signee