

L15000183170

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

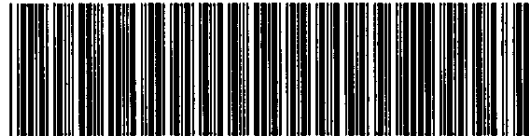
(Business Entity Name)

(Document Number)

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SEP 23 PM 3:23
TALLAHASSEE FLORIDA

SEP 23 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PodSurg, 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:

Karen Grant Mercer
Name of Person

PodSurg, LLC
Firm/Company

5640 La Moya Avenue
Address

Jacksonville, FL 32210-5714
City/State and Zip Code

KMGVERITAS@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KAREN GRANT MERCER at (904) 616-7228
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

August 15, 2016

KAREN GRANT MERCER
5640 LA MOYA AVENUE
JACKSONVILLE, FL 32210-5714

SUBJECT: POD SURG LLC
Ref. Number: L15000183170

2016 SEP 23 PM 3:23
RECEIVED
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL 32399

We have received your document for POD SURG LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LP, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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: 616A00017206

2016 SEP 23 PM 10:29
RECEIVED
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL 32399

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

POO SURG, 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 10/26/15 and assigned Florida document number L15000183170.

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)

5640 LA MOYA AVENUE
JACKSONVILLE, FL 32210-5714

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5640 LA MOYA AVENUE
JACKSONVILLE, FL 32210-5714

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:

KAREN GRANT MERCER

New Registered Office Address:

5640 LA MOYA AVE

Enter Florida street address

JACKSONVILLE

City

Florida 32210-5714

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	KAREN GRANT MERCER	5640 LA MOYA AVE	<input checked="" type="checkbox"/> Add
		JACKSONVILLE FL 32210	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JAN D MERCER	5640 LA MOYA AVE	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FL 32210	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

SEP 10 2008
TALLAHASSEE, FL
STATE OF FLORIDA
DEPT. OF REVENUE
TAX SERVICES DIV.

[illegible]

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 September 17, 2016

Signature of a member or authorized

Signature of a member or authorized representative of a member

STEVEN M SPINNER

Typed or printed name of signee

16 SEP 21 PM 3:23
SLOAN 1 OF 51 ME
FALLAHS, FRINGIDA