

L16000008247

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

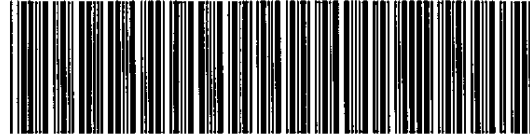
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: OBGYNS OF FLORIDA 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:

JOEL BORGELLA MD

Name of Person

Firm/Company

10718 CANYON BAY LN

Address

BOYNTON BEACH, FL 33473

City/State and Zip Code

JBORGELLA@MSN.COM

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

JOEL BORGELLA MD

516

507-7292

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**

OBGYNs OF FLORIDA 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 01-12-2016 and assigned
Florida document number L16000008247

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)

2828 S SEACREST BLVD

SUITE 214

BOYNTON BEACH, FL 33435

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2828 S SEACREST BLVD

SUITE 214

BOYNTON BEACH, FL 33435

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:

BORGELLA, PAULE D

New Registered Office Address:

2828 S SEACREST BLVD, STE 214

Enter Florida street address

BOYNTON BEACH

City

Florida 33435

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	JERALD BORGELLA MD	427 S PALM DR	<input type="checkbox"/> Add
		BEVERLY HILLS, CA 90212	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PAULE D BORGELLA	2828 S SEACREST BLVD	<input type="checkbox"/> Add
		STE 214	<input type="checkbox"/> Remove
		BOYNTON BCH, FL 33435	<input checked="" type="checkbox"/> Change
MGR	JOEL BORGELLA MD	2828 S SEACREST BLVD	<input type="checkbox"/> Add
		STE 214	<input type="checkbox"/> Remove
		BOYNTON BCH, FL 33435	<input checked="" type="checkbox"/> Change
AMBR	JOEL BORGELLA JR	2828 S SEACREST BLVD	<input type="checkbox"/> Add
		STE 214	<input type="checkbox"/> Remove
		BOYNTON BCH, FL 33435	<input checked="" type="checkbox"/> Change
AMBR	JEAN BORGELLA	2828 S SEACREST BLVD	<input type="checkbox"/> Add
		STE 214	<input type="checkbox"/> Remove
		BOYNTON BCH, FL 33435	<input checked="" type="checkbox"/> Change
	JEAN BORGELLA		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

ADD:

FEI/EIN NUMBER 81-1125411

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ **(optional)**

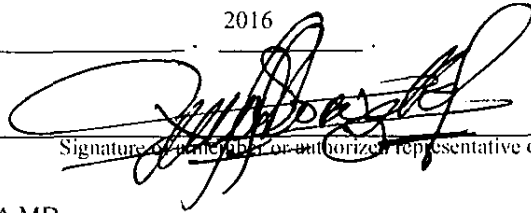
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 JUNE 13

2016



Signature of member or authorized representative of a member

JOEL BORGELLA MD

Typed or printed name of signee