

L16 0000 23014

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

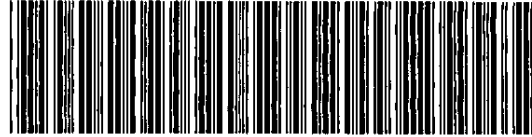
(Business Entity Name)

(Document Number)

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2016 JUL 11 P 4:30  
TALLAHASSEE, FLORIDA

JUN 12 2015  
J. BRUCE

C62

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** DOCTORS OF CLINICAL SPECIALITIES, 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:

Vikram Saini

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

Healthcare Services of Florida, LLC

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

483 N. Semoran Blvd, Suite 205

\_\_\_\_\_  
Address

Winter Park, FL 32792

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

vsaini@flhcs.com

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

For further information concerning this matter, please call:

Vikram Saini

407  
at ( )

960-5587

\_\_\_\_\_  
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

FILED  
2016 JUL 11 P 4:30  
TALLAHASSEE, FL 32301  
SECRETARY OF STATE

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

DOCTORS OF CLINICAL SPECIALTIES, 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 2/02/2016 and assigned  
Florida document number L16000023014.

This amendment is submitted to amend the following:

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

DOCTORS OF CLINICAL SPECIALTIES, LLC

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)

N/A

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

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**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:

N/A

New Registered Office Address:

N/A

*Enter Florida street address*

N/A

N/A, 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>
N/A	N/A	N/A	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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2018 JUL 17 PM 3:30  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

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

N/A

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2016 JUL 11 P 4:30  
SECRETARY OF STATE  
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 July 7th, 2016



Signature of a member or authorized representative of a member

Vikram Saini

Typed or printed name of signee