

L16000030700

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2016 AUG -14 A 11:14  
TOLSON, J. EDGAR

AUG 05 2016

J. BRUCE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: POINCIANA MEDICAL & INJURY CLINIC, 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:

JUNAID KHAN

Name of Person

POINCIANA MEDICAL & INJURY CLINIC, LLC

Firm/Company

280 S. STATE RD 434 SUITE#1049A

Address

ALTAMONTE SPRINGS, FL 32714

City/State and Zip Code

OWNER@ORLANDOPAINCLINIC.COM

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

For further information concerning this matter, please call:

JUNAID KHAN

407

342 6325

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

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

POINCIANA MEDICAL & INJURY CLINIC, 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 2/12/2016 and assigned  
Florida document number L16000030700.

This amendment is submitted to amend the following:

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

POINCIANA INJURY CLINIC, 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)**

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

**(Mailing address MAY BE A POST OFFICE BOX)**

280 S STATE RD 434

SUITE# 1049A

ALTAMONTE SPRINGS, FL 32714

**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:

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>
MGRM	JORGE-FLORES, JAIME	3358 W SOUTHPORT RD	<input type="checkbox"/> Add
		KISSIMMEE, FL 34746	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	KHAN, ZARA	280 S STATE RD 434 SUITE#104A	<input checked="" type="checkbox"/> Add
		ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

**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 AUGUST 3 2016

Signature of a member or authorized representative of a member

JUNAID KHAN

Typed or printed name of signee