L16000040390

(Re	equestor's Name)	
. (Ac	ldress)	
. (Ac	ldress)	
(Ci	ty/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Name)
(Do	ocument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	

Office Use Only



100285799271

05/16/16--01016--007 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 1 7 2016

S. YOUNG

COVER LETTER

	istration Sec ision of Corp					
CUDIECT.		toad Clinic, LLC				•
SUBJECT:		Name of Lim	ited Liability Company		- "	
		Amendment and fee(s) are sub-	_			
	·	Lisa Shults	·			
		***	Name of Person			
		Corporate Direct, Inc.			•	of A
			Firm/Company			O MAY
		2248 Meridian Blvd., Ste.	Н			H AN
		-	Address			MAY 16 PM
		Minden. NV 89423				FLOWING H I: 29
			City/State and Zip Code		r)
		LSHULTS@CORPORATE				J. J.
			to be used for future annual r	report notification)		
For further i	nformation co	oncerning this matter, please ca	all:			
Lisa Shults				1 -7167		
	Name of	Person	at () Area Code	Daytime Telepho	one Number	
Enclosed is	a check for th	e following amount:				
\$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is encl		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	ı
	MAILI	NG ADDRESS:	STREET	COURIER AD	DRESS:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Enterprise Road Clinic, LLC		
(Name of the Limited Liab (A Flori	oility Company as it now appears on our records,) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 02/25/2016	and assigned
Florida document number L16000040290	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		TALL SE
(Principal office address MUST BE A STREET ADI	DRESS)	F CR
···		二层东
		o %\\
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		- C.F.
[Framing matrices Well De [1] COST OFFICE BOX]		3 3H
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		nter the name of the nev
registered agent untrol the new registered office at	duress here.	
Name of New Registered Agent:		
New Registered Office Address:		
<u> </u>	Enter Florida street address	
	, Floric	
	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>	Address	Type of Action
MGR	HV Properties, LLC	60 East Simpson Ave. #2869	□ Add
		Jackson, WY 83001	■ Remove
			Change
MGR	MPI Holding Group, LLC	60 East Simpson Ave. #2869	Add
		Jackson, WY 83001	☐ Remove
			SECRETAR TALLAHASS TALLAHASS
			Remove Floring Change
			Add
			Remove
			Change
			□ Add
			□ Remove
			Change
	- Martin		Add
		· · · · · · · · · · · · · · · · · · ·	Remove
			Change

, ,	
	ਰੰ
	TA A
	
tive date, if other than the date of filing:	(optional)
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 60 applicable statutory filing requirements, this date will not be lis
ment's effective date on the Department of State's r	
ecord specifies a delayed effective date, to be specifies a delayed effective date, to specifies.	out not an effective time, at 12:01 a.m. on the earl
ic your day after the record is filed.	
d 05/10 2010	6
<u> </u>	 .
, v	
	or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00