

L160000046232

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

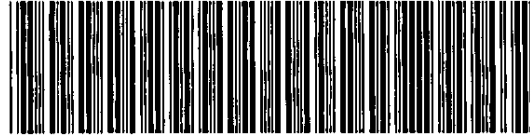
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400288636904

08/04/16--01025--007 **25.00

2016 AUG -4 A 11:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

S Warren

AUG 05 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HAINES CITY 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

HAINES CITY 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:

- | | | | |
|--|--|--|--|
| <input checked="" 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

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

HAINES CITY 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 03/04/2016 and assigned
Florida document number L16000046232.

This amendment is submitted to amend the following:

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

HAINES CITY 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

FILED
2016 MAR 15 - 11:42
SECRETARY OF STATE
FLORIDA

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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2011-05-14
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 FILED
 A 11:42
☐ Change
☐ Add
☒ Remove
☐ Change

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

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 AUGUST 3

2016

Signature of a member or authorized representative of a member

JUNAID KHAN

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2018-10-04 A 11:42
CLERK OF STATE
TALLAHASSEE, FLORIDA