

L1600000 46246

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

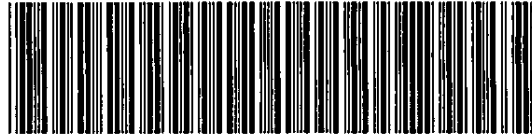
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200288636922

08/04/16--01025--005 **25.00

FILED
2016 AUG -4 PM 2:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
AUG 5

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WINTER HAVEN 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

WINTER HAVEN 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

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

FILED
2016 AUG - PM: 06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

FILED
2016 AUG -4 PM 2:06
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 AUGUST 3

2016

Signature of a member or authorized representative of a member

JUNAID KHAN

Typed or printed name of signee