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K.SALY EXAMINER AUG 5

## **COVER LETTER**

TO: Registration S Division of Co			
WINTER	HAVEN MEDICAL & INJUR	Y CLINIC, LLC	
SUBJECT:	Name of Lin	nited Liability Company	<del></del>
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	JUNAID KHAN		
		Name of Person	<del></del>
	WINTER HAVEN MEDI	CAL & INJURY CLINIC, LLC	
,	Value 1	Firm/Company	
	280 S. STATE RD 434 St	JITE#1049 <b>A</b>	
	12-14-14-14-14-14-14-14-14-14-14-14-14-14-	Address	
	ALTAMONTE SPRINGS	5, FL 32714	
		City/State and Zip Code	
	OWNER@ORLANDOPA		
	E-mail address:	to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
JUNAID KHAN		407 342 6325	
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

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

2016 AUG-4 PM 2: 06
ALLAHASSEE. FLORIDA

WINTER HAVEN MEDICAL & INJURY CLINIC, LLC

(Name of the Limited Liability Company as it now appears on our records.

(A Florida Limited Liability Company)

	00/04/04	~(1/1) <sub>/</sub>
The Articles of Organization for this Limited Liability Company	y were filed on $\frac{03/04/2016}{}$	and assigned
Florida document number L16000046246		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
WINTER HAVEN INJURY CLINIC, LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility 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:	280 S STATE RD 434	
(Mailing address MAY BE A POST OFFICE BOX)	SUITE#1049A	
	ALTAMONTE SPRINGS	FL 32714
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	office address on our reco re:	ords, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	dress
		Florida
<del></del>	City	Zıp 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>	Name	Address	Type of Action
MGRM	JORGE-FLORES, JAIME	3358 W SOUTHPORT RD	🗆 Add
		KISSIMMEE, FL 34746	■ Remove
-			Change
AMBR	KHAN, ZARA	280 S STATE RD 434 SUITE#104A	ΓΕ#104 <b>Α</b> ■ Add
		ALTAMONTE SPRINGS, FL 32714	Rem∈ve
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	Signature of a	member or auth	orized represent	five of a member		

Page 3 of 3

Filing Fee: \$25.00