

L16000064792

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

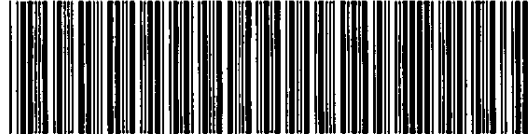
(Business Entity Name)

(Document Number)

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2016 AUG - 8 P 3:35  
SECRETARY OF STATE  
ALABAMA, FLORIDA

S Warren

AUG 09 2016

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Medical Lane Ft. Myers 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:

Kevin M Flesher

\_\_\_\_\_  
Name of Person

K.M. Accounting and Tax Services Inc.

\_\_\_\_\_  
Firm/Company

431 East Clairemont Suite F

\_\_\_\_\_  
Address

Eau Claire, WI 54701

\_\_\_\_\_  
City/State and Zip Code

kevin@kmaccountingec.com

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

For further information concerning this matter, please call:

Kevin M Flesher

715 835.3675  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

Medical Lane Ft. Myers 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 04/01/2016 and assigned  
Florida document number L16000064792.

This amendment is submitted to amend the following:

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

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)

431 East Clairemont

Suite F

Eau Claire, WI 54701

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

Kevin M Flesher

New Registered Office Address:

16593 Davis Road

*Enter Florida street address*

Fort Myers

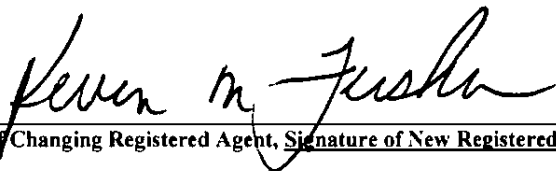
, Florida 33908

*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.*

  
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>
MGR	Kevin M Flesher	431 East Clairemont Suite F	<input checked="" type="checkbox"/> Add
		Eau Claire, WI 54701	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Duane Janikula	P.O. Box 1671	<input type="checkbox"/> Add
		Sanibel, FL 33957	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Leonard Stewart	1917 Kern Street	<input checked="" type="checkbox"/> Add
		Eau Claire, WI 54703	<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"/> Change

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CLERK OF STATE  
TREASURY OF FLORIDA

[illegible]

**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 \_\_\_\_\_, \_\_\_\_\_

Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

Leonard Stewart

Typed or printed name of signee

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CLERK OF THE COURT  
STATE OF FLORIDA  
JANUSSE, FLORIDA