

L16000065153

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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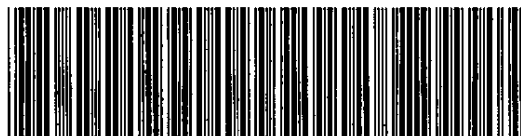
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 01 2016
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: STANLEY P KOKOCKI MD PLLC

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:

JOANNE PALMIERI - AUTHORIZED REPRESENTATIVE

Name of Person

STANLEY P KOKOCKI MD PLLC

Firm/Company

2485 DOTHAN AVE

Address

SPRING HILL FLORIDA 34609

City/State and Zip Code

skokockimd@hotmail.com

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

For further information concerning this matter, please call:

JOANNE PALMIERI

352 686-1050
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2015 MAY 27 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May 16, 2016

JOANNE PALMIERI
2485 DOTHAN AVE
SPRING HILL, FL 34609

SUBJECT: STANLEY P KOKOCKI MD PLLC
Ref. Number: L16000065153

Attached please find
a new document
correctly filled out
Thank you

Joanne Palmieri

We have received your document for STANLEY P KOKOCKI MD PLLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You can only designate one person as the Registered Agent, not two.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 816A00010312

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TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
ARTICLES OF ORGANIZATION**

STANLEY P KOKOCKI MD PLLC

(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 APRIL 1, 2016 and assigned
Florida document number L16000065153 **L16000065153**

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: STANLEY P KOKOCKI

New Registered Office Address: 2485 DOTHAN AVENUE

Enter Florida street address

SPRING HILL

City

, Florida 34609

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 record

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	STANLEY P KOKOCKI	2485 DOTHAN AVENUE	<input checked="" type="checkbox"/> Add
		SPRING HILL FLORIDA 34609	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JOANNE PALMIERI	2485 DOTHAN AVENUE	<input checked="" type="checkbox"/> Add
		SPRING HILL FLORIDA 34609	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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MAY 27 16 PM '16

[illegible]

(b) The 90th day after the record is filed.

Signature of a member of authorized _____

Typed or printed name of signee

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TALLAHASSEE, FLORIDA