# L16000014033

1	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:

Office Use Only



300303401183

09/19/17--01004--002 \*\*25.00

ALLAHASSEE, FLORIDA

S. WARREN SEP 1 9 2017

# **COVER LETTER**

	n Spection 2	
SUBJECT:	Deerfield Health Clinic LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are submitted for filing.	
Please return all corre	espondence concerning this matter to the following:	
	Sherief Abu-Moustafa Name of Person	
	Deerfield Health Chnic Firm/Company	
	525 S. Federal Hijhwey	
	Deer freld Beach, FL 33441  City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further information	on concerning this matter, please call:	
Ahned	ne of Person at (954) 294-5886  Area Code Daytime Telephone Number	-
Enclosed is a check f	or the following amount:	
\$25.00 Filing Fee	Certificate of Status  Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee & Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	tatus &

## 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

	Heilh Clinic LLC
( <u>Name of the Limited</u> (/	Liability Company as it now appears on our records.)  A Florida Limited Liability Company)
The Articles of Organization for this Limited Lial Florida document number <u>しんのので</u> すり	polity Company were filed on $\frac{4/7/25/6}{033}$ and assigned
This amendment is submitted to amend the follow	ving:
A. If amending name, enter the new name of t	he limited liability company here:
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ole:
(Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE B	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	SAY CE
	Enter Florida street address
	, Florida
	City Tip Ane

### 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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Ahmed Howeedy, MD,	PA 1731 S. Stele Rd 7, Ste 2  North Leuderdilo, FL 3306	Add Add
ρ			Change
	Shener 1400- Mausta	Deerfield Beach, FL 33441	
			Change
			□ Add
			Remove
			□ Change □ Add
			_□ Remove
			Change
			□ Add
		IALLAHASS	Remove
		EE, FLORIDA	Add m

· • • • • • • • • • • • • • • • • • • •							
						·	
					<del> </del>		<del></del>
							<del></del>
							_ <del></del>
							<del></del> -
							<u></u>
							<del></del>
<del></del>							<del></del>
an effective date  Note: If the date	, if other than the e is listed, the date must te inserted in this bl ective date on the D	st be specific and lock does not me	cannot be prior to ceet the applicable	late of filing or more e statutory filing re	(optio than 90 days after t quirements, this	filing.) Pursuant	to 605.0207 be listed as
	ecifies a delayed ay after the rec		ate, but not a	n effective time	e, at 12:01 a.	.m. on the e	earlier of
ated	September	<u>a</u> ,	2017			SEC FALL	
		1. Ho	ue_			野野	<del>. 17</del> 7
<del></del>		Signature of a m	ember or authoriz	ed representative of a	member	ASS.	
	-	Ahmed	House	~ لهعه			[7]
<del>.</del>		1	Typed or printed n	ame of signee			•

Page 3 of 3

Filing Fee: \$25.00