

L16000074799

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

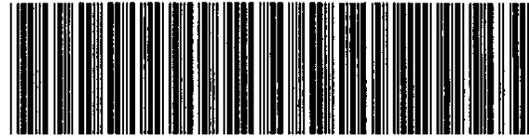
(Business Entity Name)

(Document Number)

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10 SEP --6 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 09 2016
J. HARRIS



Walter G. Woods, P.A.
ATTORNEY AT LAW

2081 SE Ocean Blvd.
Suite 2B
Stuart, Florida 34996

P: 772-210-5518
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September 1, 2016

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Oceanside Medical Plaza, L.L.C.

To Whom This May Concern:

Please find enclosed Articles of Amendment for the above-referenced Limited Liability Company. A check in the amount of \$25.00 is enclosed.

Thank you for your assistance in this matter.

Sincerely,

Walter G. Woods

WGW/kc
39-16
Encl.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Oceanside Medical Plaza, L.L.C.

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:

Fernando M. Giachino

Name of Person

Fernando M. Giachino, P.A.

Firm/Company

3601 SE Ocean Blvd., Suite 204

Address

Stuart, FL 34996

City/State and Zip Code

rgluckman@tcurgentcare.com

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

For further information concerning this matter, please call:

Fernando M. Giachino or Christine DeSantis

at (772) 266-4184

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**

Oceanside Medical Plaza, L.L.C.

(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 4/15/2016 and assigned Florida document number L16000074799.

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:

3302 S.W. Holly Lane

(Principal office address MUST BE A STREET ADDRESS)

Palm City, FL 34990

Enter new mailing address, if applicable:

3302 S.W. Holly Lane

(Mailing address MAY BE A POST OFFICE BOX)

Palm City, FL 34990

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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: _____

New Registered Office Address: _____

Enter Florida street address

_____, **Florida** _____
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.

If Changing Registered Agent, Signature of New Registered Agent

