

L16000091282

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

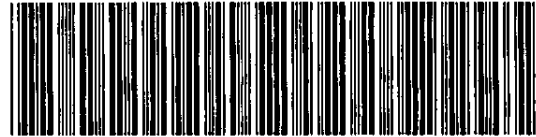
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300293573133

01/09/17--01015--018 **55.00

017 JAN -9 P 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

S Warren

JAN 10 2017

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Family Medicine at Nona 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:

Meussa Parziale
Name of Person

Orange Ave Consulting LLC
Firm/Company

2106 N Orange Ave Ste 100
Address

Orlando, FL 32804
City/State and Zip Code

mparziale@orange.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Meussa Parziale at (407) 459-1181
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**

Family Medicine at Nona 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 5/10/16 and assigned Florida document number LL16000091282

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)

10437 Moss Park Rd
Orlando, FL 32832

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2106 N Orange Ave Ste 102
Orlando, FL 32804

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:

Bart H Fleet Esq.

New Registered Office Address:

1283 Eglon Pkwy Ste A

Enter Florida street address

Shalimar, Florida 32529
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

FILED
JUN - 9 PM 3:23
SECRETARY OF STATE
TALLAHASSEE
FLORIDA

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>
AMBR	Michael C Williams	2106 N Orange Ave Ste 100	<input checked="" type="checkbox"/> Add
		Orlando, FL 32804	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jeffrey G Cannon	2106 N Orange Ave Ste 100	<input checked="" type="checkbox"/> Add
		Orlando, FL 32804	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
017 JUN - 9 P 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated January 4, 2017

Signature of a member or authorized representative of a member

Jeffrey O. Langer
Typed or printed name of signee

FILED
JAN - 9 P 3 23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA