

416000100 980

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 16 2018

Y SULKER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 6, 2018

ADAM SIEGEL
1005 DALE MABRY HWY
LUTZ, FL 33548

*Please see corrected
name on next page.*

SUBJECT: MODERN FOOT AND ANKLE, PLLC
Ref. Number: L16000100980

We have received your document for MODERN FOOT AND ANKLE, PLLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 418A00002511

RECEIVED

FEB 15 2018

COVER LETTER

To: **Registration Section
Division of Corporations**

SUBJECT: Modern Foot and Ankle 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:

Adam Siegel
Name of Person

Firm/Company

1005 Dale Mabry Hwy
Address

Lutz, FL 33548
City/State and Zip Code

Adam.Siegel@mfa.tampa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adam Siegel at (813) 549-5678
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
Already paid.

\$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

Modern Foot and Ankle, 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 05/24/2016 and assigned Florida document number L16000100980.

This amendment is submitted to amend the following:

corrected name.

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

~~MFA Holdings, LLC~~ MFA Tampa, LLC

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)

1005 Dale Mabry Hwy
Lutz, FL
33548

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1005 Dale Mabry Hwy
Lutz, FL
33548

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:

Adam Siegel

New Registered Office Address:

9712 Montague St

Enter Florida street address

Tampa

City

Florida

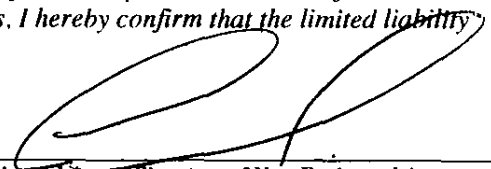
33626

Zip Code

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FLORIDA

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 records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove
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