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(Re	questor's Name)	
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(Cit	:y/State/Zip/Phone #/)
PICK-UP	WAIT	MAIL
		
(Bu	isiness Entity Name)	
(Do	ocument Number)	·
Certified Copies	Certificates of	Status
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Special Instructions to	Filing Officer:	
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16 HOV -7 PH 2: 22

November 8, 2016

DERRICK A DAVIS 1301 E ATLANTIC BLVD STE 1 POMPANO BEACH, FL 33060

SUBJECT: MULTI-SPECIALTY MEDICAL CONSULTANTS OF FLORIDA, LLC

Ref. Number: L16000163726

We have received your document for MULTI-SPECIALTY MEDICAL CONSULTANTS OF FLORIDA, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific purpose of the entity must be set forth in the document.

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.

Shelia H Young Regulatory Specialist II

Letter Number: 716A00023996

16 NOV -7 PH 2: 22

www.sunbiz.org

COVER LETTER

TO: Rep	gistration Sec vision of Corp	ction porations		
SUBJECT:			JLTANTS OF FLORIDA, LLC	
SUBJECT:		Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	-	
	•	DERRICK A. DAVIS	Ü	
			Name of Person	
		MULTI-SPECIALTY ME	DICAL CONSULTANTS OF FLOR	IDA
			Firm/Company	
	1301 E. ATLANTIC BLVD., SUITE 1			a AL
		 	Address	NON 99.
		POMPANO BEACH, FL.	33060	NOV -7 PH 2: 22
		 	City/State and Zip Code	7
		MSMCFLORIDA@GMAII	COM to be used for future annual report notific	, i
For further in	nformation co	e-man address: (ation) 22
DERRICK A	A. DAVIS		954 558-6324	
	Name of	Person	at ()at () Area Code Daytime 1	Felephone Number
Enclosed is	a check for th	e following amount:		
\$25.00 F	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)
		NG ADDRESS:	STREET/COURIED Registration Section	R ADDRESS:

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MULTI-SPECIALTY MEDICAL CONSULT	TANTS OF FLORIDA, LLC		
(Name of the Limited Liabilit (A Florida	y Company as it now appears on our records.) Limited Liability Company)		
The Articles of Organization for this Limited Liability Co	ompany were filed on 08/31/2016	and assigned	ŀ
Florida document number L16000163726	_··		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ted liability company here:		
MULTI-SPECIALTY MEDICAL CONSULTANTS OF FLO	ORIDA, PLLC		
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC" or the a	ibbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
• • • • • • • • • • • • • • • • • • • •		ಕ	112 Ed.
<u>(Principal office address MUST BE A STREET ADDR</u>	ESS)		m'
		<u> </u>	
Enter new mailing address, if applicable:		70	
(Mailing address MAY BE A POST OFFICE BOX)			
mutung uturess MAT BLAT OST OFFICE BOA		2.2	
		```	بالش
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	· · · · · · · · · · · · · · · · · · ·	the name of th	<u>ie new</u>
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

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> Type of Action □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change ☐ Remove □ Change ☐ Add ☐ Remove □ Add □ Remove ☐ Change □ Add ☐ Remove

_□ Change

MEDICAL EVALUATIONS & CONSULTATIONS	
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ctive date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date of filing or more:  If the date inserted in this block does not meet the applicable statutory filing it.	e than 90 days after filing.) Pursuant to 605.0 requirements, this date will not be listed
iment's effective date on the Department of State's records.	1
ecord specifies a delayed effective date, but not an effective ting se 90th day after the record is filed.	ne, at 12:01 a.m. on the earlier
e your day arter the record is meet.	
d OCTOBER 31 2016	
(Variate Adavic	
Charles Coop	
Signature of a member or authorized representative of	a member

Page 3 of 3

Filing Fee: \$25.00