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L16 000166841

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

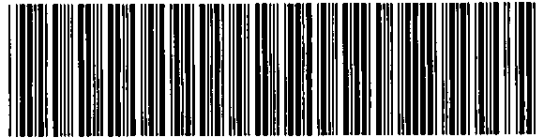
(Document Number)

Certified Copies _____ Certificates of Status _____

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2/6/17
Added medical svcs to pg. 3 per
Richard Warren, Esq. *(Signature)*

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren
FEB 06 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: April M. Thomson, D.O., 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:

Richard B. Warren, Esquire

Name of Person

Warren & Grant, P.A.

Firm/Company

4440 PGA Boulevard, Suite 200

Address

Palm Beach Gardens, FL 33410

City/State and Zip Code

rick@warrenggrant.com

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

For further information concerning this matter, please call:

Richard B. Warren, Esquire

Name of Person

at (561)

Area Code

681-9494

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**

April M. Thomson, D.O., 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 September 6, 2016 and assigned
Florida document number L16000166841.

This amendment is submitted to amend the following:

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

April M. Thomson, D.O., PLLC

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) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

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: _____

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TALLAHASSEE, FLORIDA
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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
		_____	<input type="checkbox"/> Change

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TREASURER
FLORIDA

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

The wording "ANY AND ALL LAWFUL BUSINESS" set forth in Article III of the original Articles of

Organization is hereby deleted in its entirety and replaced with the following:

"Other provisions, if any:

the Limited Liability Company is a "professional limited liability company" organized under Florida Statutes,
Chapter 621 for the sole and specific purpose of rendering professional service and that its members are individuals
duly licensed or otherwise legally authorized to render the same professional service as the Limited Liability
Company." Medical services.

E. Effective date, if other than the date of filing: _____ (optional)

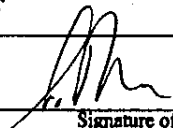
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

(b) The 90th day after the record is filed.

Dated January 17th, 2017



Signature of a member or authorized representative of a member

April M. Thomson, D.O., Sole Member

Typed or printed name of signee

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SECRETARY OF STATE
TAMMISSEE, FLORIDA

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