

11/16/2016 Nov. 21. 2016 2:03PM

Division of Corporations

No. 0700 P. 1

Florida Department of State
Division of Corporations
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AMANDA L. CHESHIRE, M.D., LLC

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November 15, 2016

FLORIDA DEPARTMENT OF STATE

Division of Corporations

AMANDA L. CHESHIRE, M.D., LLC
3580 THURLOE DRIVE
ROCKLEDGE, FL 32955US

SUBJECT: AMANDA L. CHESHIRE, M.D., LLC
REF: L16000193550

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Diane Cushing
Senior Section Administrator

FAX Aud. #: H16000281643
Letter Number: 316A00024511

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Amanda L. Cheshire, M.D., 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 10/19/2016 and assigned
Florida document number L16000193550.

This amendment is submitted to amend the following:

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

Amanda L. Cheshire, M.D., 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

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

The sole purpose of this limited liability company is to provide professional medical services to the public.

This limited liability company may engage in any legal and lawful activity authorized under

Chapter 621, Florida Statutes.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 NOV 16 AM 7:09

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 11/15/16

Amanda L. Cheshire, M.D.

Signature of a member or authorized representative of a member

Amanda L. Cheshire, M.D., Manager

Typed or printed name of signer

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Filing Fee: \$25.00