

L16000221975

(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



200294005512

01/17/17--01039--031 **25.00

FILED

2017 JAN 17 P 3:12
SECRETARY OF STATE
TAMPA, FLORIDA

S Warren
JAN 19 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOUTHWEST FLORIDA MEDICINE 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:

Azim Lalani

Name of Person

SOUTHWEST FLORIDA MEDICINE LLC

Firm/Company

2902 59TH STREET WEST

Address

BRADENTON, FL 34209

City/State and Zip Code

PARVEENAZIM@GMAIL.COM

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

For further information concerning this matter, please call:

Azim Lalani

at (248) 659-2718

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**

SOUTHWEST FLORIDA MEDICINE 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 DECEMBER 7, 2016 and assigned
Florida document number L16000221975.

This amendment is submitted to amend the following:

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

SOUTHWEST FLORIDA MEDICINE 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:

2902 59TH STREET WEST Suite C/D

(Principal office address MUST BE A STREET ADDRESS)

BRADENTON, FL 34209

Enter new mailing address, if applicable:

2902 59TH STREET WEST Suite C/D

(Mailing address MAY BE A POST OFFICE BOX)

BRADENTON, FL 34209

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

FILED
JAN 17 2017
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>
			<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
JUN 28 17 P 3 PM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

WE INITIALLY INTENDED TO FILE SOUTHWEST FLORIDA MEDICINE LLC AS A PLLC,

THIS IS FOR MEDICAL OFFICE AND ASSISTS IN MEDICAL CARE.

WE FILED AS AN LLC IN ERROR. PLEASE ACCEPT OUR AMENDMENT AND ADJUST YOUR RECORDS

ACCORDINGLY. THANK YOU

E. Effective date, if other than the date of filing: JANUARY 10, 2017 (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)(h)

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 10, 2017 2017


Signature of a member or authorized representative of a member

Azim Lalani

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
01 JAN 17 P 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA