

L17000030428

(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



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JUN 08 2017

**Firas Abed
New Tampa Clinic, LLC
17843 Arbor Greene Drive
Tampa, FL 33647**

June 3, 2017

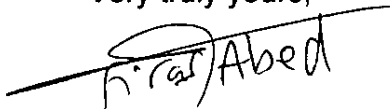
Secretary of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: New Tampa Clinic, LLC

Dear Sir or Madam:

Enclosed please find the original and one copy of Amended Articles of Organization, together with a check in the amount of \$60.00. This represents the cost of the Filing Fees and Certified Copy of Amended Articles of Organization, and Certificate of Status for the above-named limited liability company.

Very truly yours,

A handwritten signature in black ink that reads "Firas Abed". The signature is written in a cursive style with a horizontal line drawn through the middle of the name.

Firas Abed
New Tampa Clinic, LLC

Enclosures

check stapled here

of
NEW TAMPA CLINIC, LLC

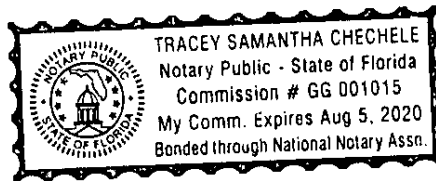
BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally Firas Abed, known to me to be the

person who executed the foregoing Amended Articles of Organization, and who acknowledged before me that he executed these Amended Articles of Organization.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this 3rd day of June, 2017

TS Chechele

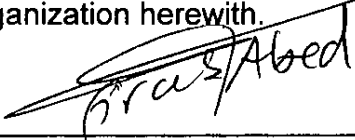
Notary Public, State of Florida
My Commission Expires:



17 JUN -7 PM 12:24

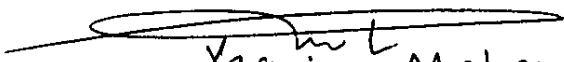
Signature and Consent of Authorized Representative of Limited Liability Company

We, the undersigned managing members of the New Tampa Clinic, LLC, a Florida Limited Liability Company, do hereby consent to addition of Yasmin Mahmoud as a manager of the Company and the filing of Amendment to Articles of Organization herewith.



Firas Abed, Manager

17 JUN -7 PM 12:24




Yasmin Mahmoud, Manager

STATE OF FLORIDA
COUNTY OF PINELLAS

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Firas Abed and Yasmin Mahmoud, known to me to be the persons who executed the foregoing Consent, in the capacity indicated and who acknowledged before me that they executed this consent form.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this 3rd day of June, 2017.



Notary Public, State of Florida at Large
My Commission Expires:

