

L17000054289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

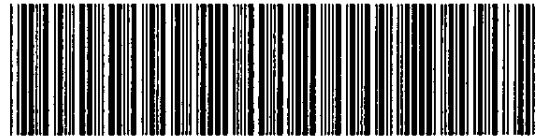
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900297362399

04/06/17--01008-- 015 \*\*25.00

FILED

17 APR -6 PM 2:10

O SIMMONS  
APR 10 2017

6792 Green Island Terrace

Address

Lake Worth, FL 33463

City/State and Zip Code

meljonesnp@gmail.com

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

For further information concerning this matter, please call:

Melanie Jones

Name of Person

at ( 561 ) 319-0278

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

FILED  
17 APR -5 PM 2:10

**ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF**

(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 1/25/17 and assigned

Florida document number 81-5051569

This amendment is submitted to amend the following:

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

Clinic To You, LLC

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:

Melanie Jones

**(Principal office address MUST BE A STREET ADDRESS)**

6792 Green Island Terrace

Lake Worth, FL 33463

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

FILED  
17 APR -6 PM 2:10

**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

Page 1 of 3

**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>
--------------	-------------	----------------	-----------------------

AMBR	Melanie Jones	6792 Green Island Terrace, Lake Worth FL 33463	<input checked="" type="checkbox"/> Add
------	---------------	--	---

Change title

Remove

Change

Add  
Change  
title

Remove

Change

\_\_\_\_\_  Add

Remove

Change

\_\_\_\_\_  Add

Remove

Change

\_\_\_\_\_  Add

Remove

Change

\_\_\_\_\_  Add

Remove

Change

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

The above mentioned memebbers need to be assigned as the managing members of the LLC. This is a partnership with 2  
authroized members, Melanie Jones and Lisa Wilson.

**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 April 3, 2017.

Melanie Jones

Signature of a member or authorized representative of a member

Melanie Jones

Typed or printed name of signee

**Page 3 of 3 Filing Fee: \$25.00**

FILED  
17 APR -6 PM 2:10  
APR 6 2017