

L17000057963

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SEP 22 AM 8:49
CLERK OF COURT
TALLAHASSEE, FLORIDA

[Signature]

SEP 22 2017

[Signature]

Y SULKER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 1, 2017

KEN HUTTO
842 S MISSOURI AVENUE
LAKELAND, FL 33815

SUBJECT: JUSTIN SKIDMORE, LLC
Ref. Number: L17000057963

We have received your document for JUSTIN SKIDMORE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific purpose of the entity must be set forth in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 817A00018165

RECEIVED
2017 SEP 22 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

JUSTIN SKIDMORE, 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 MARCH 13, 2017 and assigned
Florida document number L17000057963.

This amendment is submitted to amend the following:

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

JUSTIN SKIDMORE, 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

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>
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SEP 22 AM 8:42
FLORIDA
STATE

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

The purpose of Justin Skidmore, PLLC
is to provide medical services as a
licensed physician assistant according to the
Florida Statutes.

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

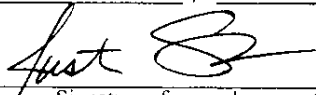
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 5/5/17



Signature of a member or authorized representative of a member

JUSTIN SKIDMORE

Typed or printed name of signee