

L17000062050

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

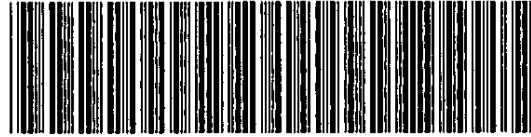
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



000297136580

03/27/17 01:03:00 002 30.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2017 MAR 27 A 5:20

FILED

S Warren

MAR 29 2017

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Donna Baker Murray, 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:

Donna Baker Murray  
Name of Person

6714 Finamore Circle  
Firm/Company  
Address

Lake Worth FL 33467  
City/State and Zip Code

dbmurray23@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donna Baker Murray at 501 877 9092  
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



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

N/A

<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
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

2011 MAR 17 10:52 AM  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**FILED**

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

add EIN 81-5393263

No changes to provision: Medical Practice

Registered agent remains same / address:  
Donna B Murray DNP  
6714 Finamore Circle  
Lake Worth FL 33467

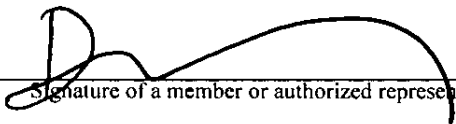
E. Effective date, if other than the date of filing: 3/22/2017 (optional)

(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)(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 March 22, 2017

  
Signature of a member or authorized representative of a member

Donna Baker Murray

Typed or printed name of signee

2017 MAR 27 A 5:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED