

L17000062050

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

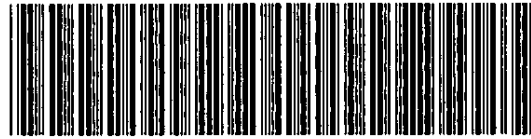
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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

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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

Firm/Company
6714 Finamore Circle
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
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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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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

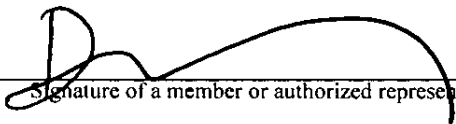
Registered agent remains same / address:
Donna B Murray DNP
6714 Finamore Circle
Lake Worth FL 33467

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

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TALLAHASSEE, FLORIDA

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