

LI7000145652

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

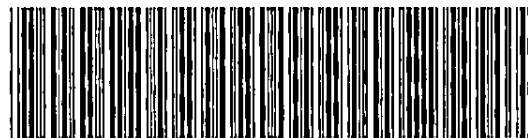
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/17/18--01029--017 **\$5.00

10/01/18--01025--020 **\$5.00

FILED
2018 OCT -4 AM 11:37
CLERK OF SUPERIOR COURT
JULIA HANSEN, CLERK

D BRUCE
OCT 04 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 21, 2018

JOHN CROKER
341 W MINNESOTA AVE
ORANGE CITY, FL 32763

SUBJECT: JOHN CROKER LLC
Ref. Number: L17000145652

We have received your document for JOHN CROKER LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Deborah Bruce
Corporate Records Supervisor

Letter Number: 118A00019787

FILED
2018 OCT -4 AM 11:37
TALLAHASSEE FL 32314

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: John Croker 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:

John Croker

Name of Person

Firm/Company

341 W. Minnesota Ave

Address

Orange City, FL 32763

City/State and Zip Code

jcroker@cfl.rr.com

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

For further information concerning this matter, please call:

John Croker

Name of Person

at (386) 473-3553

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
2018 OCT -4 AM 11:37
TALLAHASSEE, FL
STATE OF FLORIDA
SECRETARY OF STATE

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

John Croker 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 7/6/17 and assigned
Florida document number L17000145652

This amendment is submitted to amend the following:

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

Primary Care of Orange City 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:

(Principal office address MUST BE A STREET ADDRESS)

135 E. Minnesota Ave

Orange City, FL 32763

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

341 W. Minnesota Ave

Orange City, FL 32763

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

City, Florida

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>
	n/A		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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FILED
2010 OCT 14 AM 11:37
FALL RIVER DISTRICT

218

DEPT. OF CORRECTIONS
TALLAHASSEE, FLORIDA

2018 OCT -4 AM 11:37
SOUTHERN FLORIDA
TALLAHASSEE FLORIDA

三

~~9-1-2018~~ omit + JC 9.27.18

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.

Dated 9-27-18

John Cooker
Signature of a member or authorized representative of a member

John Croker
Typed or printed name of signer