## L17000186550

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S. WARREN DEC 2 2 2017

## **COVER LETTER**

SUBJECT:	DR J D BYRD	HEALTH SERVICES LL	С
	Name of Lim	ited Liability Company	
The enclosed Articles of An	nendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
		RONALD D DAVIS	
		Name of Person	
	GUSTASO	N & DAVIS FINANCIAL	SERVICES
		Firm/Company	
		1063 HWY 90	
		Address	
	C	HIPLEY, FLORIDA 3242	8
		City/State and Zip Code	
_	<u>.                                    </u>	rdchipley@aol.com	
		to be used for future annual re	eport notification)
For further information cond	erning this matter, please ca	ali:	
RONALI	D D DAVIS	850 at ()	638-5663
Name of Pe	erson	Area Code	Daytime Telephone Number
England is a shoot for the	Stlandaran		
Enclosed is a check for the f	-		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certificate of Status &

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DR J D BYRD HEALT	TH SERVICES LLO			
(Name of the Limited Liability Comps (A Florida Limited	iny as it now appears Liability Company)	on our records.)	<del></del>	
The Articles of Organization for this Limited Liability Company	were filed on	AUGUST 31,2017	and assigned	
Florida document numberL17000186550				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the de	signation "LLC" or the abbr	eviation "L.L.C."	
Enter new principal offices address, if applicable:	1063 HWY 90 CHIPLEY, FLORIDA 32428			
(Principal office address MUST BE A STREET ADDRESS)				
	PO BOX 366		<u>.</u>	
Enter new mailing address, if applicable:	CHIPLEY, FLO	D II X 22428		
(Mailing address MAY BE A POST OFFICE BOX)	CHILET, FEO	NIDA 32428		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her  Name of New Registered Agent:  New Registered Office Address:	<u>e</u> :	our records, enter the	ne name of the	
		, Florida		
<del></del>	City		Zin 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>	Address	Type of Action
	<del></del>		Add
			□ Remove
		·	Change
			Add
			Remove
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