

L17000189563

(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



200317419922

08/23/18--01019--007 **30.00

FILED
18 AUG 23 AM 7:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 29 2018

T SCHROEDER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Preferred Pediatric Medical Daycare 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:

Marcia Hollenbeck

Name of Person

N/A

Firm/Company

4320 SW 103 St Rd

Address

Ocala FL 34476

City/State and Zip Code

ttmm430@embarqmail.com

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

For further information concerning this matter, please call:

Marcia Hollenbeck

352

425 9009

at (_____) _____

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

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

Preferred Pediatric Medical Daycare 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 09/06/2017 and assigned
Florida document number L17000189563

This amendment is submitted to amend the following:

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

Preferred Pediatric Center 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)

4320 SW 103 St Rd

Ocala FL 34476

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4320 SW 103 St Rd

Ocala FL 34476

FILED
18 AUG 23 AM 7:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Marcia Hollenbeck

New Registered Office Address:

4320 SW 103 ST Rd

Enter Florida street address

Ocala FL

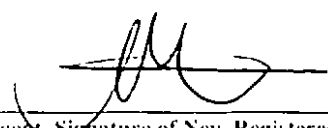
Florida 34476

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>
MGR	Thomas Engala / President	3341 Harbor Lake Drive Lago FL 33770	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Janet Huffman / Treasure	5317 Fruitville #139 Sarasota FI 34232	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MRG	Marcia Hollenbeck / President	P O Box 830711 Ocala FI 34472	<input checked="" 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

FILED
 18 AUG 20 11 AM
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILED
18 AUG 23 AM 7
SEATTLE FBI
FALL AMASSEE FL

FILED
18 AUG 23 AM 7:56
SEAL OF THE STATE
TALLAHASSEE, FLORIDA

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 8/21/18.

Signature of a member or authorized representative of a member

Marcia Hollenbeck

Typed or printed name of signee