

217000195986

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FAX**Date:** 02/02/2018**Pages including cover sheet:** 7

To:	8502456030@rcfax.com
Phone	
Fax Number	(850) 245-6030

From:	Citrus Oral and Facial
	Citrus Oral and Facial Surge
	1714 SW 17th Street
	Ocala
	FL 34471
Phone	(352) 509-6500 * 101
Fax Number	(352) 509-6556

NOTE:

Attention Brittany

RECEIVED
FEB 02 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 31, 2018

RUSHI S PATEL
3521 W BLACK DIAMOND
LECANTE, FL 34461

SUBJECT: RUSHI S PATEL, LLC
Ref. Number: L17000195986

We have received your document for RUSHI S PATEL, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Page 3 of the document is missing. Please resubmit this page dated and signed by an authorized person.

Please return the corrected original and one copy of 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.

Brittany M Figueroa
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 718A00002112

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rushi S. Patel, 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:

Rushi S. Patel
Name of Person

Firm/Company

3521 W Black Diamond Cr
Address

Leanto, FL 34461
City/State and Zip Code

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

For further information concerning this matter, please call:

Palak Patel at (803) 316-4434
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

(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 September 21, 2017 and assigned Florida document number L17000195986.

This amendment is submitted to amend the following:

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

Citrus Oral and Facial Surgery at Ocala, 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)

2611 SE 17th St
Suite A
Ocala, FL 34471

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

- Please erase the current, FL address

*that is published online. Please erase
all Hernando, FL addresses online too.*

~~Box~~ 6129 W. Corporate Oaks Drive
Crystal River, FL 34429

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:

Rushi Patel

New Registered Office Address:

6129 W. Corporate Oaks Dr.
Enter Florida street address
Crystal River, Florida 34429
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

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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	Pulak Patel	6129 W Corporate Oaks Dr.	<input checked="" type="checkbox"/> Add
		Crystal River, FL 34429	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Misty Blomberg	6129 W Corporate Oaks Dr.	<input checked="" type="checkbox"/> Add
		Crystal River, FL 34429	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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 Change
 Add
 Remove
 Change

[illegible]

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Dated 2/2/2018

Typed or printed name of signee

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