Division of Corporations



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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MAYO MEDICAL CONSULTING, PLLC

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## COVER LETTER

	gistration Sec rision of Corp			
21/15 11: / TF.		EDICAL CONSULTING, P	LLC	
SUBJECT:		Name of Limit	(ed Liability Company	
The enclose	d Articles of A	Amendment and fee(s) are subm	nitted for filing.	
Please retur	n all correspor	idence concerning this matter (	o the following:	
		Cheyenne Moseley		
			Name of Person	•••
	Legalzoom.com. Inc.			
Firm/Company				
	101 N. Brand Blvd., 11th Floor			
		Address		
	Glendale, CA 91203			
City/State and Zip Code				
		darlene.a.lobel@hotmail.	com to be used for future annual report not	(feetion)
				greenen)
For further	information ec	oncerning this matter, please ca	all:	
Cheyenne	Moseley		800 773-0888	
	Name of	Person	at () Area Code Duytir	ne Telephone Number
Enclosed is	a check for th	e following amount:		
\$25.00	Filing Fec	☐ \$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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 12, 2018

CHEYENNE MOSELEY 101 N BRAND BLVD 11TH FLOOR GLENDALE, CA 91203

SUBJECT: MAYO MEDICAL CONSULTING, PLLC Ref. Number: L18000013198

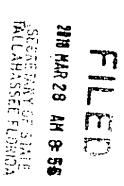
We have received your document for MAYO MEDICAL CONSULTING, PLLC, however, upon receipt of your document no check was enclosed. Please return your document along with a check or money order made payable to the Department of State for \$25.00.

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.

Dionne M Scott Regulatory Specialist II

Lette: Number: 318A00004935



www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAYO MEDICAL CONSULTING, PLLC (Name of the Limited Liability Compan (A Florida Limited Li	iy as it now appears on our rectability Company)	rds.)
The Articles of Organization for this Limited Liability Company were filed on 01/16/2018		and assigned
Florida document number L18000013198		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and end with the words "Limited Liabi	ility Company," the designation	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		er <u>magage</u> sir s <u>amanana</u> sir samanana eritir
(Principal office address MUST BE A STREET ADDRESS)		
	•	20 <b>3</b>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u>m</u> ≤
	ua 33	0 <b>Q</b>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	tice address on our reco	rds, enter the name of the
registered agent under the new registered	<del>-</del> '	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	,	Florida
	Clij	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete	ee to act in this capacity. I	further agree to comply with

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Mayo, Darlene Angela	3590 VALVERDE CIRCLE	<b>☑</b> ∧dd
		JACKSONVESE, FL 32224	☐ Remove
AMBR	LOBEL, DARLENE A	3590 VALVERDE CIRCLE	
		JACKSONVILLE, FL 32224	<b>☑</b> Remove
		.:	
			□ Remove
		or var and the Maria	Demove
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			ORION NATE S
			□ Remove

Page 2 of 3

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Effective date, if other than the date of filing:  (The effective date must be specific, cannot be prior to date of receipt or filed date and of the date this document is filed by the Florida Department of State)	(optional) annot be more than 90 days after
Dated Felinary 13 DEYE  Signature of a member of authorized representations of the second sec	ntaive of a member

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