

L18000143118

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

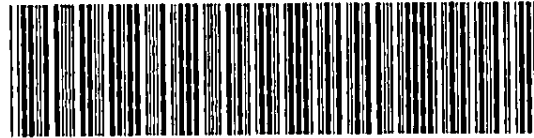
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600323477126

01/28/19--01047--010 **25.00

RECEIVED
STATE
SECTIONS
FEB 1 2019

Amend

FEB - 4 2019

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Welch Primary Care

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MATTHEW WELCH

Name of Person

WELCH PRIMARY CARE L.L.C.

Firm/Company

2601 THOMAS DRIVE

Address

PANAMA CITY BEACH FL, 32408

City State and Zip Code

welchprimarycare@gmail.com

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

For further information concerning this matter, please call:

MATTHEW WELCH

850

588 5835

at ()

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

RECEIVED
DIVISION OF CORPORATIONS
JAN 10 2014
TALLAHASSEE, FLORIDA

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

WELCH PRIMARY CARE L.L.C.

(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 6-11-2018 and assigned
Florida document number L18000143118

This amendment is submitted to amend the following:

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

WELCH PRIMARY CARE L.L.C.

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)

2601 THOMAS DRIVE

PANAMA CITY BEACH FL 32408

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2601 THOMAS DRIVE

PANAMA CITY BEACH FL 32408

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: MATTHEW WELCH

New Registered Office Address: 2601 THOMAS DRIVE

Enter Florida street address

PANAMA CITY, Florida 32408

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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>
AR	JOEL WELCH	6131 NORTH LAGOON DRIVE	<input type="checkbox"/> Add
		PANAMA CITY BEACH FL 32408	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MATTHEW WELCH	6131 NORTH LAGOON DRIVE	<input checked="" type="checkbox"/> Add
		PANAMA CITY BEACH FL 32408	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MATTHEW WELCH	6131 NORTH LAGOON DRIVE,	<input checked="" type="checkbox"/> Add
		PANAMA CITY BEACH FL 32408	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

THE REGISTERED AGENT REMAINS THE SAME.

THE PRINCIPLE OFFICE ADDRESS REMAINS THE SAME.

THE ONLY CHANGE IS THE REMOVAL OF JOEL WELCH AS AN AUTHORIZED REPRESENTATIVE (AR).

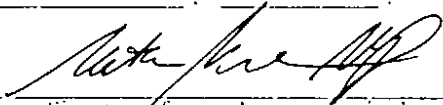
ALL OTHER ARTICLES OF ORGANIZATION REMAIN WITHOUT CHANGE.

1/21/2019

Effective date, if other than the date of filing: (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
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.

the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
a) The 90th day after the record is filed.

Dated 1 21 2019



Signature of a member or authorized representative of a member

MATTHEW WELCH MD

Typed or printed name of signee