

L18000144677

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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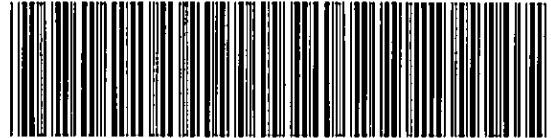
(Business Entity Name)

(Document Number)

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2019



# GORDON & THALWITZER

ATTORNEYS AT LAW

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Admitted in FL, NY & CT  
jgordon@brevardlegal.com

AARON THALWITZER  
Admitted in FL, D.C.  
aaron@brevardlegal.com

October 30, 2019

**VIA U.S. MAIL TO:**

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: Physician Wound Solutions LLC

Sir or Madam:

Please find enclosed the following:

1. Cover letter;
2. Articles of Amendment to Articles of Organization of Physician Wound Solutions LLC;
3. Check number 20483 in the amount of \$25.00 for filing fee.

Should you require additional information or documents, please do not hesitate to contact our office.

Thank you.

Sincerely,

**GORDON & THALWITZER**

Aaron B. Thalwitzer

ABT/sk  
Encl.  
cc: Client (via email)

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PHYSICIAN WOUND SOLUTIONS 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:

Aaron Thalwitzer, Esq.

\_\_\_\_\_  
Name of Person

Gordon & Thalwitzer, Attorneys at Law

\_\_\_\_\_  
Firm/Company

257 N. Orlando Ave.

\_\_\_\_\_  
Address

Cocoa Beach, FL 32931

\_\_\_\_\_  
City/State and Zip Code

aaron@brevardlegal.com

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

For further information concerning this matter, please call:

Aaron Thalwitzer

321 799-4777

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_  
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**

PHYSICIAN WOUND SOLUTIONS 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 6/12/18 and assigned  
Florida document number L18000144677.

This amendment is submitted to amend the following:

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

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)

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

**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:

New Registered Office Address:

*Enter Florida street address*

Florida

*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>
AMBR	Kirsten Griffin	1860 Forest Glen Way	<input type="checkbox"/> Add
		St. Augustine, FL 33612	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated October 23, 2019

Aaron Thalwitzer

**Filing Fee: \$25.00**