

218000146192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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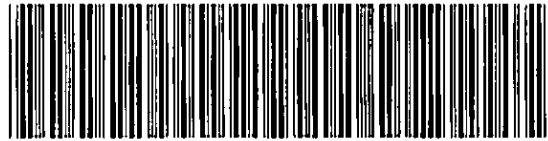
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATION
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N COOPER

JUN 20 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EMERLAD COAST WELLNESS PHYSICIANS, PLLC

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:

MICHAEL R. LEININGER

Name of Person

LEININGER LAW FIRM, P.A.

Firm/Company

12 OLD FERRY ROAD

Address

SHALIMAR, FLORIDA 32579

City/State and Zip Code

michael@leiningerlawfirm.com

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

For further information concerning this matter, please call:

MICHAEL R. LEININGER

850 650-9916
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

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

EMERALD COAST WELLNESS PHYSICIANS, PLLC

(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 JUNE 13, 2018 and assigned
Florida document number L18000146192.

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)

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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

City

Florida

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	JOHN P. LEY, MD	P.O. BOX 914	<input type="checkbox"/> Add
		SHALIMAR, FLORIDA 32579	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JOHN P. LAY, MD	P.O. BOX 914	<input checked="" type="checkbox"/> Add
		SHALIMAR, FLORIDA 32579	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JENNIFER L. LEY, MD	P.O. BOX 914	<input type="checkbox"/> Add
		SHALIMAR, FLORIDA 32579	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JENNIFER L. LAY, MD	P.O. BOX 914	<input checked="" type="checkbox"/> Add
		SHALIMAR, FLORIDA 32579	<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.)*

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SECRETARY OF STATE
FIELD

E. 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.

(b) The 90th day after the record is filed.

Dated JUNE 15 2018

Michael J. J. J. J.
Signature of a member or authorized representative of a member

MICHAEL R. LEININGER, ESQ., AS AUTHORIZED REPRESENTATIVE

Typed or printed name of signee