

L18000 269 292

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

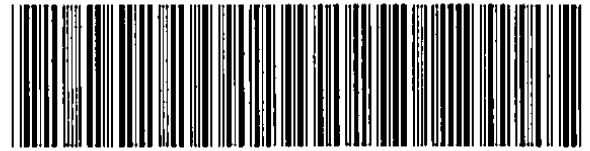
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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07/26/19--01011--014 \*\*30.00

2019 JUL 26 PM 1:28

FILED

C. GOLDEN

AUG - 5 2019

TO: Registration Section  
Division of Corporations

SUBJECT: Dr Phuong Flanagan 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:

Phuong Flanagan  
Name of Person

Dr Phuong Flanagan LLC  
Firm/Company

2950 Tamiami Trl N #13  
Address

Naples FL 34103  
City/State and Zip Code

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

For further information concerning this matter, please call:

Phuong Flanagan at ( 916 ) 541-4474  
Name of Person 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

TO  
ARTICLES OF ORGANIZATION  
OF

FILE

Dr Phuong Flanagan LLC

2019 III 26 PM

(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 11/19/2018 and assigned  
Florida document number L18000269292

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 registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Phuong Flanagan

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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u>  | <u>Name</u>            | <u>Address</u>  | <u>Type of Action</u>                   |
|---------------|------------------------|---|---|
| <u>Member</u> | <u>Phuong Flanagan</u> | <u>2950 Tamiami Trl N #13</u><br><u>Naples FL 34103</u> | <input checked="" type="checkbox"/> Add |
|               |                        |   | <input type="checkbox"/> Remove         |
|               |                        |   | <input type="checkbox"/> Change         |
|               |                        |   | <input type="checkbox"/> Add            |
|               |                        |   | <input type="checkbox"/> Remove         |
|               |                        |   | <input type="checkbox"/> Change         |
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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)(c)

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

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

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**