

L19000 120659

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

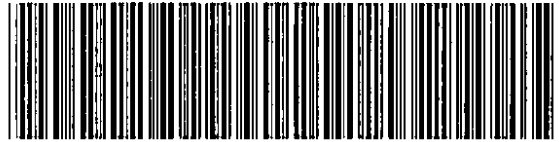
(Business Entity Name)

(Document Number)

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JAN 30 2020
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JAN 30 2020

Amend

JAN 30 2020

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VIP MEDICAL GROUP 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:

JANE WILKINSON-BUNCH

Name of Person

VIP MEDICAL GROUP LLC

Firm/Company

3350 RIVERWOOD PARKWAY #1926

Address

ATLANTA, GA 30339

City/State and Zip Code

JBUNCH@VIPMEDICAL.COM

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

For further information concerning this matter, please call:

JANE WILKINSON-BUNCH

Name of Person

at (770)

Area Code

366-0644

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

19 DEC 30 PM 3:04
OFFICE OF THE
CLERK OF THE
SUPREME COURT
STATE OF FLORIDA

VIP MEDICAL GROUP LLC

The Articles of Organization for this Limited Liability Company were filed on 05/03/2019 and assigned Florida document number L19000120659.

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

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)

ATLANTA, GA 30339

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, **Florida** _____
City *Zip Code*

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>
AP	JAY BORSKY	1005 NORTHEAST 125TH STREET	<input type="checkbox"/> Add
		NORTH MIAMI, FL 33161	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JANE WILKINSON-BUNCH	3350 RIVERWOOD PARKWAY #1926	<input checked="" type="checkbox"/> Add
		ATLANTA, GA 30339	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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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.

Dated DECEMBER 4 2019

JANE WILKINSON-BUNCH

Filing Fee: \$25.00