

L19000 266 922

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

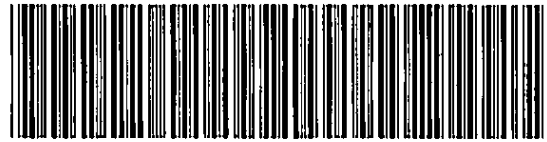
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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APR 03 2020

M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mini NP Clinic

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:

Kemeisha Morgan

Name of Person

Mini NP Clinic

Firm/Company

1028 Glenraven Lane

Address

Clermont FL 34711

City/State and Zip Code

kemeishamorgan@gmail.com

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

For further information concerning this matter, please call:

Kemeisha Morgan

407 733-3923

at ()

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 Address:

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

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

Mini NP Clinic, 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 10-24-2019 and assigned
Florida document number L19000266922.

This amendment is submitted to amend the following:

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

Mini Health Clinic, LLC

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)

1150 Anderson Street

Clermont FL, 34711

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1028 Glenraven Lane

Clermont FL, 34711

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>
Dr.	Muhammad Awan	4501 South Semoran	<input checked="" type="checkbox"/> Add
		Orlando FL, 32822	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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FILED
CLERK OF DISTRICT COURT
JANUARY 10, 2020

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
WASHINGTON, D.C.

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(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.

Dated March 19th, 2020.

Kemeisha Morgan

Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 1, 2020

KEMEISHA MORGAN
MINI NP CLINIC
1028 GLENRAVEN LANE
CLERMONT, FL 34711

SUBJECT: MINI HEALTH CLINIC
Ref. Number: W20000034065

We have received your document for MINI HEALTH CLINIC and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name of a Limited Liability Company must end with the words "Limited Company" or Limited Liability Company or with one of the following abbreviations Ltd. Co., LC, "L.C.," LLC, or L.L.C.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Mel Solomon
Regulatory Specialist II Supervisor

Letter Number: 620A00007086

*Permission
via telephone
from Ms. Morgan
to add "LLC"
4-3-20/11.
Solomon*

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