

L20 000075800

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

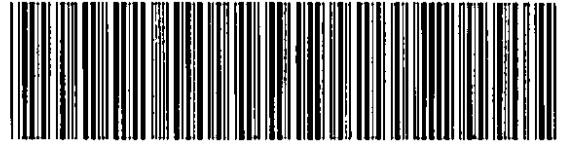
(Business Entity Name)

(Document Number)

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FILED
OFFICE OF STATE
REGISTRARS

Amend

APR 27 2020

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Progressive Medical Community
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:

David Billmeier
Name of Person

Progressive Medical Community
Firm/Company

5961 Boggs Ford Rd.
Address

Port Orange, FL 32127
City/State and Zip Code

Circusdoc@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Billmeier at (386) 316-6152
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)

FILED STATE DIVISION OF CORPORATIONS

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**

Progressive Medical Community, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

*FILED
2020 MAR 11 11:25
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF ORANGE, FLORIDA*

The Articles of Organization for this Limited Liability Company were filed on 3/9/2020 and assigned Florida document number L20000075800

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)

P.O. Box 238557
Port Orange, FL 32123-8557

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>
<u>AMBR</u>	<u>David Billmeier</u>	<u>5961 Boggs Ford Rd.</u>	<input checked="" type="checkbox"/> Add
		<u>Port Orange, FL 32127</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>AR</u>	<u>Brooke Billmeier</u>	<u>5961 Boggs Ford Rd.</u>	<input type="checkbox"/> Add
		<u>Port Orange, FL 32127</u>	<input checked="" 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
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