

Oct. 29. 2020 2:10PM

No. 0119 P. 005

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
GRACELAND FAMILY PRACTICE PLLC

Certificate of Status	0
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RECEIVED

2020 OCT 29 PM 3:58

2020 OCT 29 PM 3:18



October 29, 2020

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

GRACELAND FAMILY PRACTICE PLLC  
1920 JOHN CARROLL DRIVE  
PENSACOLA, FL 32504

SUBJECT: GRACELAND FAMILY PRACTICE PLLC  
REF: L20000224962

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of the business and the document number provided do no match. Please review and revise.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Terri J Schroeder  
Regulatory Specialist III

FAX Aud. #: H20000374398  
Letter Number: 020A00021609

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

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2020 29 PM 12:18

Graceland Family Practice 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 August 4, 2020, and assigned Florida document number L20000224962.

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)

6470 Tippin Ave.

Pensacola, FL 32504

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:

Shane P. Fickling

New Registered Office Address:

6470 Tippin Ave.

Enter Florida street address

Pensacola

City

Florida

32504

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.*

Shane P. Fickling

If Changing Registered Agent, Signature of New Registered Agent

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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>MGR</u>	<u>Shane P. Fickling</u>	<u>6470 Tippin Ave.</u>	<input checked="" type="checkbox"/> Add
		<u>Pensacola, FL 32504</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>MGR</u>	<u>Debra Ann Fickling</u>	<u>6470 Tippin Ave.</u>	<input checked="" type="checkbox"/> Add
		<u>Pensacola, FL 32504</u>	<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
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		_____	<input type="checkbox"/> Change
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

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.

- 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.

Dated October 28, 2020

Debra A. Hicklin  
Signature of a member or authorized agent

Signature of a member or authorized representative of a member

Debra A. Fickling

Typed or printed name of signee

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**Filing Fee: \$25.00**