

L20000350398

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

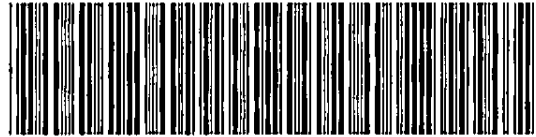
(Business Entity Name)

(Document Number)

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07/23/21 07:52:23



Brain & Spine

SPECIALISTS

Tori Rea, C.E.O.

Neurology

Kamel Elzawahry, M.D.
FACP, FAAN, FAHA, FAHS
Diplomat of the American Board of
Psychiatry and Neurology.
Internal Medicine, Pain Medicine

Subspecialty Qualifications
Board Certified in Vascular Neurology
Board Certified in Headache Medicine

Khurram Nazir, M.D.
Diplomat of the American Board of
Psychiatry and Neurology

Board Certified In Clinical Neurophysiology

Achraf A. Makki, M.D., M.Sc.
Diplomat of the American Board of
Psychiatry and Neurology
Diplomat of Electrodiagnostic Medicine

Board Certified in Headache Medicine

Laura Nofal, PA-C

2202 State Avenue, Suite 201
Panama City, Florida 32405
(850) 785-0029
Fax (850) 785-7600

Neurology

Karin S. Maddox, M.D.
Diplomat of the American Board of
Psychiatry and Neurology
Diplomate American Board
of Headache Medicine
Diplomate American Board
of Pain Medicine

June 23, 2021

Registration Section
Division of Corporations
P. O. Box 6237
Tallahassee, FL 32314

RE: L20000350398
Adding and Removing MGR

Dear Sir/Madam:

Enclosed please find completed Form to amend the Articles of
Organization of a Florida Limited Liability Company to add and
remove a MGR

SWEET CORNER LAKE, LLC

Return Address:

2202 State Ave.
Suite 201
Panama City, FL 32405

Daytime Phone 407-775-3540
850-819-7002

Thank you for your help in this matter.

Kind regards,

Achraf Makki, M.D.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SWEET CORNER LAKE, 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:

ACHRAF MAKKI

Name of Person

Firm/Company

2202 STATE AVE SUITE 201

Address

PANAMA CITY, FL 32405

City/State and Zip Code

SMARTIN@BRAINANDSPINECENTERLLC.COM

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

For further information concerning this matter, please call:

ACHRAF MAKKI

407 775-3540

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**

SWEET CORNER LAKE 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 November 4, 2020 and assigned
Florida document number L20000350398.

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

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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>
MGR	ELKADY REAL ESTATE, LLC	3026 OSPREY CIRCLE	<input type="checkbox"/> Add
		PANAMA CITY, FL 32405	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	KAMEL ELZAWAHRY	2202 STATE AVE SUITE 201	<input checked="" type="checkbox"/> Add
		PANAMA CITY, FL 32405	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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)
(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 June 23, 2021

Signature of a member or authorized representative of a member

Achraf Makki
Typed or printed name of signee

FILED
JUN 23 11:53:23
2021