

LZ1 000024753

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

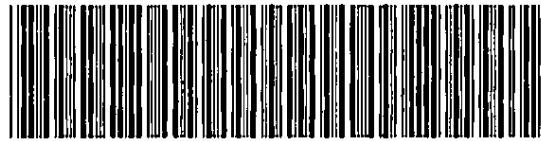
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Received
08/27/21

Office Use Only

S.C.
09/01/21



900368924969

07 12 21 - 000000 - 000 0000

07 12 21

000000



RECEIVED

2021 AUG 27 AM 11:53

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 2, 2021

ARCHANA SWAMI
8837 CITRUS PALM DRIVE
TAMPA, FL 33626

SUBJECT: PRIME ENDOCRINOLOGY OF TAMPA, LLC
Ref. Number: L21000024753

We have received your document for PRIME ENDOCRINOLOGY OF TAMPA, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

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.

Summer Chatham
OPS

Letter Number: 721A00018065

2021 AUG 27 AM 11:24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Prime Endocrinology of Tampa
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:

Archana Swami
Name of Person

Prime endocrinology of Tampa
Firm/Company

4290 W. Linebaugh Avenue Suite B
Address

Tampa FL 33624
City/State and Zip Code

Archana - Swami@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Archana Swami at (813) 715-5257
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**

Prime Endocrinology of Tampa LLC
(Name of the Limited Liability Company, but now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 1/11/2021 and assigned Florida document number 221000024753.

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)

4290 W. Linebaugh Avenue
Suite B
Tampa FL 33626

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

_____ (1)

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member


[illegible]

2

107

(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)

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.


Signature of a member or authorized representative of a member

 Billane Swann MD
 Typed or printed name of signee

Filing Fee: \$25.00