

MI700000 5129

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

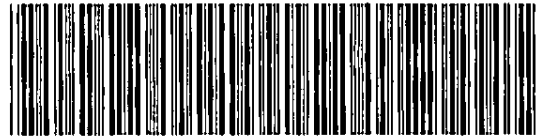
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900324614039

02/20/19--01012--025 **25.00

FILED
2019 MAR -4 PM 1:29

Amend
Name chg

MAR 07 2019

LABRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: American Telephysicians, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Richard Brooks

Name of Person

St. Augustine Law Group, P.A.

Firm/Company

320 High Tide Drive, STE. 101

Address

St. Augustine, FL 32080

City/State and Zip Code

rich@staugustinelawgroup.com

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

For further information concerning this matter, please call:

Julia Newton

Name of Person

at (904) 990-7777

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 25, 2019

RICHARD BROOKS
ST. AUGUSTINE LAW GROUP, P.A.
320 HIGH TIDE DRIVE - STE. 101
ST. AUGUSTINE, FL 32080

SUBJECT: AMERICAN TELEPHYSICIANS LLC
Ref. Number: M17000005129

We have received your document for AMERICAN TELEPHYSICIANS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 419A00003945

RECEIVED
2019 MAR -4 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: American Telephysicians, LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M17000005129

3. Jurisdiction of its organization: Deleware

4. Date authorized to do business in Florida: 06/15/2017

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: ATP Founders, LLC
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
------------------------	-------------	----------------	-----------------------

MGR	Junaid Amad	50 N. Laura Street, #2500 Jacksonville, FL 32202	<input checked="" type="checkbox"/> Add
-----	-------------	--	---

_____ ☐ Remove

MGR	Naseer Khan	50 N. Laura Street, #2500 Jacksonville, FL 32202	<input checked="" type="checkbox"/> Add
-----	-------------	--	---

_____ ☐ Remove

_____ ☐ Add

_____ ☐ Remove

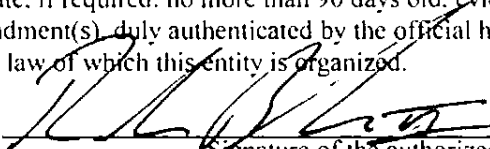
_____ ☐ Add

_____ ☐ Remove

_____ ☐ Add

_____ ☐ Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the
aforementioned amendment(s) duly authenticated by the official having custody of records in the
jurisdiction under the law of which this entity is organized.

 *Attorney-in-fact*

Signature of the authorized representative

Richard L. Brooks II, St. Augustine Law Group

Typed or printed name of signee

Filing Fee: \$25.00