

L11000056545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

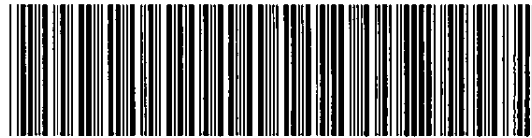
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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RECEIVED
13 AUG -2 PM 1:20
DIVISION OF CORPORATIONS

FILED
2013 AUG -2 PM 3:59
SECRETARY OF STATE
TALLAHASSEE FLORIDA

AUG 06 2013
D. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RESUBMIT

Please give original
submission date as file date.

August 5, 2013

CSC
SUSIE KNIGHT

*Please file 2nd
getw. Reinstatement*

SUBJECT: CAMBRIDGE HEALTHCARE SOLUTIONS LLC
Ref. Number: L11000056545

We have received your document for CAMBRIDGE HEALTHCARE SOLUTIONS LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

The above listed entity was administratively dissolved or its certificate of authority was revoked for failure to file an annual report with our office. Therefore, the document you submitted cannot be filed until the entity is reinstated on our records. The required reinstatement application, which takes the place of the annual report(s) due, must be submitted online at www.sunbiz.org. Simply click on the blue box entitled "File A Reinstatement Here!," which is located in the middle of our home page.

Once the reinstatement is submitted online, our system will allow you to choose one of three payment options. The three payment options are: 1. online by credit card; 2. online by pre-established Sunbiz E-File account; or 3. by mail with a check or money order. To pay online using a credit card, simply select the credit card option and enter your credit card information. Business entities with pre-established Sunbiz E-File accounts may choose the Sunbiz E-File account option. Entities paying by check or money order must select the check payment option, print the required payment voucher, and mail the check payment voucher with a check or money order made payable to the Florida Department of State for the total amount due.

If you choose to pay the required reinstatement fee(s) online using a credit card or Sunbiz E-File account, please contact me when the reinstatement filing has posted. If you choose to pay the required fee(s) by check or money order, please mail the check payment voucher and check or money order to my attention.

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) 245-6051.

Deborah Bruce

2013 AUG -2 PM 3:59

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13 AUG -6 AM 10:53

**RECEIVED
DEPARTMENT OF STATE**

Regulatory Specialist II

Letter Number: 113A00018708

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2019 AUG -2 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195
REFERENCE : 750786 7569274
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 25.00

ORDER DATE : August 2, 2013
ORDER TIME : 3:08 PM
ORDER NO. : 750786-005
CUSTOMER NO: 7569274

DOMESTIC AMENDMENT FILING

NAME: CAMBRIDGE HEALTHCARE SOLUTIONS
LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER'S INITIALS: _____

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2013 AUG -2 PM 3:59
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

Cambridge Healthcare Solutions 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 May 12, 2011 and assigned
Florida document number L11000056545.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Childress Klein-Cambridge Healthcare Solutions LLC

The new name must be distinguishable and end with 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

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 608, F.S. ~~Of~~ 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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TALLAHASSEE, FLORIDA

2018 AUG -2 PM 3:59

FILED

☐ Remove

☐ Add

☐ Remove

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

Dated _____

X

Signature of a member or authorized representative of a member
Andrew J. Czekaj, authorized representative

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2018 AUG - 2 PM 4:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA