

L19000159105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

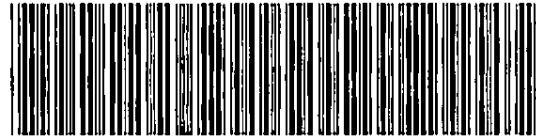
(Business Entity Name)

(Document Number)

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12/17/19--01005--007 **25.00

SECRET
TALLAHASSEE, FL

2019 DEC 17 AM 9:01

FILED

JAN 17 2020
C Kinsey

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 3345 BURNS ROAD 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:

MARYAM JAVED

Name of Person

EHR TECH LLC

Firm/Company

5786 SUGARCANE LN

Address

LAKE WORTH, FL 33449

City/State and Zip Code

KHANMDPA@GMAIL.COM

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

For further information concerning this matter, please call:

SHAHZAD KHAN

561 4604144
at (_____) _____
Area Code Daytime Telephone Number

Name of Person

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**

3345 BURNS ROAD 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 06/17/2019 and assigned Florida document number L19000159105.

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)

3345 BURNS ROAD, STE 304
PALM BEACH GARDENS, FL 33410

FILED
2019 DEC 17 AM 9:01
STATE OF FLORIDA
TALLAHASSEE, FL

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

EHR TECH LLC
5786 SUGARCANE LN
LAKE WORTH, FL 33449

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: MARYAM JAVED

New Registered Office Address: 5786 SUGARCANE LN
Enter Florida street address

LAKE WORTH, Florida 33449
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

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>
AMBR	AMARNATH VEDERE	3345 BURNS ROAD	<input type="checkbox"/> Add
		PALM BEACH GARDENS, FL 33410	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	EHR TECH LLC	5786 SUGARCANE LN	<input checked="" type="checkbox"/> Add
		LAKE WORTH, FL 33449	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARYAM JAVED	5786 SUGARCANE LN	<input checked="" type="checkbox"/> Add
		LAKE WORTH, FL 33449	<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

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

NEW EMAIL ADDRESS: KHANMDPA@GMAIL.COM

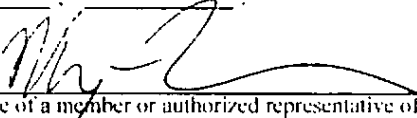
E. Effective date, if other than the date of filing: 12-16-19 (optional)

(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 DECEMBER 10TH 2019



Signature of a member or authorized representative of a member

MARYAM JAVED

Typed or printed name of signee