

8/5/2019

Division of Corporations

L19000172444

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : BURKE FAULKNER LAW, P.A.
Account Number : 120150000064
Phone : (727)781-7428
Fax Number : (727)214-2814

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: mac@burkefaulknerlaw.com

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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L.L.C AMND/RESTATE/CORRECT OR M/MG RESIGN
MEDS SOLUTION HEALTH GROUP OF TOWN & COUNTRY, L.L.C

Certificate of Status	0
Certified Copy	0
Page Count	<input checked="" type="checkbox"/> 5
Estimated Charge	\$25.00

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

419000172444
19 AUG 14 AM 12:31
FILED
TALLAHASSEE, FLORIDA

MEDS SOLUTION HEALTH GROUP OF TOWN & COUNTRY, 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 July 2, 2019 and assigned

Florida document number 1.19000172444

This amendment is submitted to amend the following:

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

MedSolutions Health Group of Town & Country, LLC

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 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

47020035195

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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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1. If the record is a copy of a document, the date of filing shall be the date of the original document.

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E. Effective date. If later than the date of filing _____ (optional)

The effective date filed in a document is optional and does not prevent the filing of more than 30 days after the date of filing. Since 1998 the date filed in a document does not meet the applicable recording filing requirements, this date will not be listed as document's effective date in 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 date of (E). The 30th day after the record is filed.

Date: August 5 2019

[Handwritten signature]

Stephan T. Jones

2019 08 14 12:10:03 PM EDT