

L10000107228

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

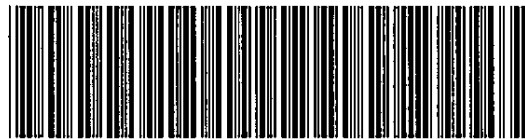
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 22 2014

: CLINE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 8, 2014

CLARA JOHARY  
2245 NW 4TH PLACE  
GAINESVILLE, FL 32603

SUBJECT: SE STRATEGIC HEALTHCARE MANAGEMENT CONSULTING LLC  
Ref. Number: L10000107228

We have received your document for SE STRATEGIC HEALTHCARE MANAGEMENT CONSULTING LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law does not provide for the Secretary of State to serve as your registered agent. Please revise your document accordingly.

The effective date must be specific and cannot be prior to the date of filing.

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.

Tammi Cline  
Regulatory Specialist II

Letter Number: 414A00019124

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SE Strategic Healthcare Consulting, LLC Δ'd to Affinity Healthcare  
Consulting, 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:

Clara F. Johary  
Name of Person  
Affinity Healthcare Consulting, LLC  
Firm/Company  
2245 NW 4<sup>th</sup> place  
Address  
Gainesville, Florida 32603  
City/State and Zip Code  
Affinity HC Consultant@gmail.com  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Clara Johary at (352) 219-3910  
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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

SE Strategic Healthcare Consulting, 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 Oct. 14, 2010 and assigned  
Florida document number L10000107228.

This amendment is submitted to amend the following:

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

Affinity Healthcare Consulting, 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)

Clara F. Johary  
# 2245 NW 4th place  
Gainesville, FL 32603

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same as above

**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:

Clara F. Johary

New Registered Office Address:

2245 NW 4th place

Enter Florida street address

Gainesville

City

Florida

32603

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 685 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**

CEO/Pres	Clara F. Johary	2245 NW 4 <sup>th</sup> place	<input checked="" type="checkbox"/> Add
		Gainesville, FL 32603	<input type="checkbox"/> Remove

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

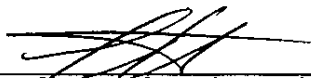
Change email: affinity Hc Consultant@gmail.com  
Change U Name: Affinity Healthcare Consulting, LLC

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated

August 25th, 2014



Signature of a member or authorized representative of a member

Clara F. Tshary

Typed or printed name of signee

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