

L02000011126

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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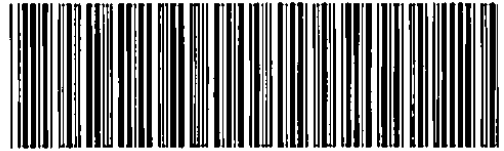
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Y. SULKER

OCT 21 2019



Wendy A. Martinez, Legal Assistant
Tel. (305) 262-1292, Ext. 106609
Email: wmartinez@ilshealth.com

October 2, 2019

VIA FEDERAL EXPRESS

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

**Re: Filings - Articles of Amendment to Articles of Organization
Statements of Change of Registered Agent**

Dear Sir or Madam:

Enclosed please find the following **Articles of Amendment to Articles of Organization** for the following companies:

- (1) Independent Living Systems, LLC;
- (2) Florida Community Care, LLC;
- (3) Florida Health Advantage Holdings, LLC; and
- (4) MSO Health Systems, LLC.

Additionally, enclosed please find the **Statement of Change of Registered Agent** for the following companies:

- (5) IndLivSys Holding Company, LLC;
- (6) ILS Group LLC; and
- (7) Florida Trust Networks, LLC.

We have also enclosed our check number 007431 in the amount of \$175.00 representing the filing fee for the processing of each of the filings mentioned herein.

If you have any questions, please do not hesitate to contact me.

Thank you.

Sincerely,

INDEPENDENT LIVING SYSTEMS, LLC

Wendy A. Martinez
Legal Assistant
cc: File
Enclosures

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: INDEPENDENT LIVING SYSTEMS, 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:

SUSY CABRERA, ESQ.

Name of Person

INDEPENDENT LIVING SYSTEMS, LLC

Firm/Company

5200 BLUE LAGOON DRIVE, SUITE 500

Address

MIAMI, FL 33126

City/State and Zip Code

legal@ilshealth.com

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

For further information concerning this matter, please call:

Susy Cabrera

305

262-1292 Ext. 106456

at (_____) _____

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

INDEPENDENT LIVING SYSTEMS, 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 05/08/2002 and as
Florida document number L02000011126.

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 "

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
registered agent and/or the new registered office address here:**

Name of New Registered Agent: SUSY CABRERA, ESQ.

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 con
provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar w
accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this doc
being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liab
company has been notified in writing of this change.*

[Signature]
If Changing Registered Agent, Signature of New Registered Ag

Transferring Authorized Person(s) authorized to manage, enter the title, name, and address of each person, or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of A</u>
MGR	DAVID C. RISTAINO	5200 BLUE LAGOON DRIVE, SUITE 500, MIAMI, FL 33126	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<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

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

09/09/19

E. Effective date, if other than the date of filing: _____ (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

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated SEPTEMBER 9, 2019

Justin J. Plante
Signature of a member

Signature of a member or authorized representative of a member

NESTOR J. PLANA, MANAGER, CHAIRMAN & CEO

Typed or printed name of signee