

LO4000041560

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

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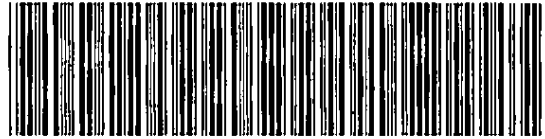
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

O SIMMONS

APR 13 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Pro Med Healthcare Services, 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:

Marie Straughn

\_\_\_\_\_  
Name of Person

Straughn and Turner, P.A.

\_\_\_\_\_  
Firm/Company

255 Magnolia Ave. SW

\_\_\_\_\_  
Address

Winter Haven, FL 33880

\_\_\_\_\_  
City/State and Zip Code

bart@promedhs.com

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

For further information concerning this matter, please call:

Marie Straughn

863

293-1184

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**

Pro Med Healthcare Services, 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 06/02/2004 and assigned  
Florida document number L04000041560.

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.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

2518 S Florida Ave.

Lakeland, FL 33803

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

2518 S Florida Ave.

Lakeland, FL 33803

**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:

Richard E. Straughn

New Registered Office Address:

255 Magnolia Ave. SW

*Enter Florida street address*

Winter Haven

*City*

Florida 33880

*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>
MGR/AM	Steve D. Trinklein	603 6TH ST NW	<input type="checkbox"/> Add
		WINTER HAVEN, FL 33881	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR/AM	Dwight Richert	603 6TH ST NW	<input type="checkbox"/> Add
		WINTER HAVEN, FL 33881	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR/AM	Bart Richert	603 6TH ST NW	<input type="checkbox"/> Add
		WINTER HAVEN, FL 33881	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Bart Richert	2518 S Florida Ave.	<input checked="" type="checkbox"/> Add
		Lakeland, FL 33803	<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

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

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**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 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.

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

Dated April 10, 2018

Max St...  
Signature of a member or authorized representative of a member

Marie Straughn, Authorized Representative

Typed or printed name of signee