

L04000065132

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W 11/03/04

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VISITING INHOME PHYSICIANS, 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:

SETH LEVY

(Name of Person)

VISITING INHOME PHYSICIANS

(Firm/Company)

948 patrick drive

(Address)

west palm beach FL, 33406

(City/State and Zip Code)

For further information concerning this matter, please call:

SETH LEVY

(Name of Person)

at (561)

352-3565

(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)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA

To Whom It May Concern:

Enclosed you will find a letter changing the name of the registered agent to Seth Levy. Also enclosed is a check for \$30.00 to cover the name change and to receive a certified copy of said name change. Thank you for your time and consideration.

SETH LEVY

948 Patrick Drive

West Palm Beach, FL 33406

(561) 352-3565

Sincerely,



SETH LEVY MS, HFD, PhD

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CLERK OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

October 27, 2004

SETH LEVY
VISITING IN-HOME PHYSICIANS, LLC
948 PATRICK DRIVE
WEST PALM BEACH, FL 33406

SUBJECT: VISITING IN-HOME PHYSICIANS, LLC
Ref. Number: L04000065132

We have received your document for VISITING IN-HOME PHYSICIANS, LLC and your check(s) totaling \$30.00. However, the document has not been filed and is being retained in this office for the following:

In order to be designated as the new registered agent, you must complete and return the enclosed form. There is no additional payment due, and your amendment and this form will be filed together.

Please return 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) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 204A0006181

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TALLAHASSEE, FLORIDA

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

VISITING IN-HOME PHYSICIANS

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 9/1/2004 and assigned
document number L04000065132.

SECOND: The following amendment(s) to the Articles of Organization was/were adopted by the limited
liability company:

REGISTERED AGENT CHANGED FROM MAYNARD J. HELLMAN TO SETH LEVY.
ON OCTOBER 7, 2004 VISITING INHOME PHYSICIANS WAS ASSIGNED AND TRANSFERED OVER TO SETH LEVY.
ENCLOSED YOU WIL FIND A COPY OF THE REASSIGNMENT LETTER. THANK YOU FOR YOUR TIME AND CONSIDERATION.

SINCERELY,



SETH LEVY MS, HFD, PhD

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TALLAHASSEE, FLORIDA

Dated OCTOBER 12, 2004.



Signature of a member or authorized representative of a member

SETH LEVY

Typed or printed name of signee

Filing Fee: \$25.00

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: Visting In-home Physicians
2. The mailing address of the limited liability company is : 2999 NE 191 Street
PH8, Aventura, FL 33180 US
9/1/2004 L04000065132
3. Date of filing/registration in Florida 4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Maynard J Hellman
Name
2999 NE 191 Street PH8
Address
Aventura, FL 33180
City, State and Zip

6. The name and address of the new registered agent and/or office:

SETH LEVY
Name
948 Patricia Drive
Florida street address (P.O. Box NOT acceptable)
West Palm Beach, FL 33406
City, State and Zip

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TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
(Signature of a member or authorized representative of a member)

SETH LEVY
(Printed or typed name of signee)

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 608, 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.

[Signature]
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

ASSIGNMENT APART FROM CERTIFICATE

For **Value** Received, the Undersigned hereby sells, assigns and transfers unto, **Seth Levy** all of my right title and interest in VISITING IN-HOME PHYSICIANS, LLC ,(the "Company") a Florida Limited Liability Company, and do hereby irrevocably constitute and appoint Seth Levy to transfer the said interes on the books of the Company, with full power of substitution in the premises.

Dated this 7 day of October, 2004



Maynard J. Hellman

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TALLAHASSEE, FLORIDA