

LO5000013049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

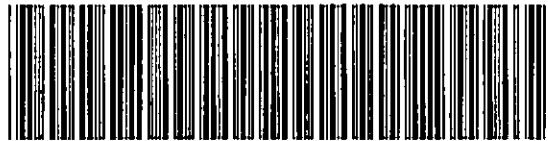
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Malabar Health Specialists, 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:

Maurice Arcadier

Name of Person

Arcadier Biggie and Wood

Firm/Company

2815 West New Haven Ave Ste 304

Address

Melbourne FL 32904

City/State and Zip Code

office@abwlegal.com

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

For further information concerning this matter, please call:

Maurice Arcadier

321

953 5998

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Malabar Health Specialists, 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 02/08/2005 and assigned
Florida document number L05000013049

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

Name of New Registered Agent:

Ankur A Shah

New Registered Office Address:

2808 Wyndham Way

Enter Florida street address

Melbourne

City

Florida

32940

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

2012 NOV -8 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FL

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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	Ming T. Lai	910 Malabar Road SE, Ste 2	☐ Add
		Palm Bay Fl 32907	☒ Remove
			☐ Change
MGR	Michael J. Ayers	910 Malabar Road SE, Ste 2	☐ Add
		Palm Bay Fl 32907	☒ Remove
			☐ Change
MGR	Ankur A. Shah	910 Malabar Road SE, Ste 2	☒ Add
		Palm Bay Fl 32907	☐ Remove
			☐ Change
AMBR	Rajesh A. Patel	910 Malabar Road SE, Ste 2	☒ Add
		Palm Bay Fl 32907	☐ Remove
			☐ Change
AMBR	Jayesh S. Sheth	910 Malabar Road SE, Ste 2	☒ Add
		Palm Bay Fl 32907	☐ Remove
			☐ Change
AMBR	Bhavin Dhaduk	910 Malabar Road SE, Ste 2	☒ Add
		Palm Bay Fl 32907	☐ Remove
			☐ Change

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>
AMBR	Samir Dhaduk	910 Malabar Road SE, Ste 2	☒ Add
			☐ Remove
			☐ Change
AMBR	Ronak Kumar R. Patel	910 Malabar Road SE, Ste 2	☒ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

[illegible]

(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Typed or printed name of signee

Filing Fee: \$25.00