

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000231764 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC

Account Number : I20070000020 : (813)435-3176

Fax Number : (713)429-1276

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DC HEALTHCARE, PROFESSIONAL LIMITED LIABILTY **COMPANY** 

Certificate of Status	0
Certified Copy	0
Page Count	#25
Estimated Charge	\$25.00

OCT 03 2014

S. YOUNG

Thursday, October 02, 2014

H14000 2317843

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

# OC HEALTHCARE, PROFESSIONAL LIMITED LIABILTY COMPANY (Name of the Limited I Janility 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 10/12/2006 and assigned
Florida document number L06000100079

This amendment is submitted to amend the following:

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

DC HEALTHCARE, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"

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:

#### New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

Enter Florida street address

Florida

Page 1 of 3

#### H140002317643

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR - Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AM	DONALD C. CARLOCK, JR.	5559 N. DAVIS HIGHWA	Y ■ Add
		SUITE B	🗆 Remova
		PENSACOLA, FLORIDA 325	503
MGRM	DONALD C. CARLOCK, JR.	5559-B N. DAVIS HIGHWA	AY Add
	<u> </u>	PENSACOLA, FLORIDA 325	03 ■ Remove
			Add
			Remove
			□ Add
			Remove
			FILED AND
			Add, 3
			>''
			Add
			C Remove

### H14000 231 764 3

D. It amending any other i	nformation, enter change(s) here: (Attach addit	tional sheets, (f necessary.)
PLEASE SI	EE RESTATED ARTICLES AT	TTACHED
		***
		· <del></del> · ·
<del></del>		
E. Effective date, if other the	oan the date of filing:	(optional)
(The effective dute must be spec	iffic, cannot be prior to date of receipt or filed date and cannot by the Florida Department of State)	t be more than 90 days after
Dated 09/29	2014	
7	7-7/	
	Signature of a member or authorized representative	
NICKOLA	&(J_SPRADLIN ESQ. AUTHORIZI	ED REPRESENTATIVE
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

H140002317643

## ARTICLES OF ORGANIZATION OF DC HEALTHCARE, LLC

#### ARTICLE I - NAME:

The name of the Limited Liability Company is DC Healthcare, LLC.

#### ARTICLE II - ADDRESS:

5559 N. Davis Highway Suite B Pensacola, FL 32503.

#### ARTICLE III – DURATION:

The period of duration for the Limited Liability Company will be perpetual.

#### ARTICLE IV - MANAGEMENT:

The Limited Liability Company is to be managed by the Authorized Member and the name and address of the Authorized Member is as follows.

Donald C. Carlock, Jr.

5559 N. Davis Highway Suite B Pensacola, FL 32503

#### ARTICLE V – PURPOSE:

Pursuant to the provisions of Chapter 605, Florida Statutes the purpose of this LLC is non-specific and will be left open to any and all lawful business.