

LD7000058433

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

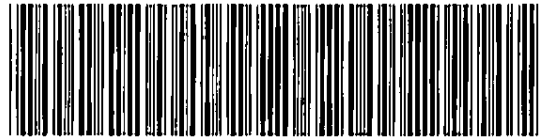
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900319773759

FILED
18 OCT 16 AM 9:07

10/17/18--01001--005 **50.00

G SIMMONS
OCT 17 2018

RECEIVED
18 OCT 16 PM 3:17
CLERK OF SUPERIOR COURT
TALMADGE COUNTY, OHIO

SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 10/16/2018

****WALK IN****

ENTITY NAME ORMOND MEDICAL ARTS-PHARMACEUTICAL RESEARCH CENTER, LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXX _____

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$25.00

CHECK # 5350

Please call Tina at the above number for any issues or concerns. Thank you so much!

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

ORMOND MEDICAL ARTS-PHARMACEUTICAL RESEARCH CENTER, 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 June 4, 2007 and assigned
Florida document number L07000058433.

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: CT Corporation System

New Registered Office Address: 1200 South Pine Island Road

Enter Florida street address

Plantation, Florida 33324
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 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.

C T Corporation System

By: Natalie Leiba-Paul
If Changing Registered Agent, Signature of New Registered Agent

Natalie Leiba-Paul - Assistant Secretary

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	James R. Shoemaker		<input type="checkbox"/> Add
		77 West Granada Blvd. Ormond Beach, FL 32174	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Complete Health Partners, Inc.	77 West Granada Blvd. Ormond Beach, FL 32174	<input checked="" type="checkbox"/> Add
			<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Please see additional amendments attached as an addendum to these Articles of Amendment to the

Articles of Organization of Ormond Medical Arts-Pharmaceutical Research Center, LLC.

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

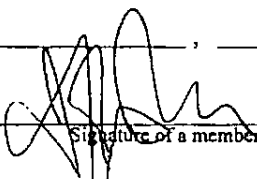
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

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.

Dated _____,



Signature of a member or authorized representative of a member

Jeffrey Preuss, President and CEO

Typed or printed name of signee

**ADDENDUM TO THE ARTICLES OF AMENDMENT
TO THE ARTICLES OF ORGANIZATION OF
ORMOND MEDICAL ARTS-PHARMACEUTICAL RESEARCH CENTER, LLC**

The following amendments to the Articles of Organization, filed on June 4, 2007 as Florida Document No. L07000058433, were adopted and approved by Complete Health Partners, Inc. (the "Sole Member"):

- 1) The first sentence of Article 3 is deleted and replaced in its entirety by the following:

"The purpose for which this limited liability company is organized is to engage in any or all lawful acts or activities in which limited liability companies may engage under the Florida Revised Limited Liability Company Act or under the laws of any other jurisdictions in which the company may conduct business."

- 2) Article 5 is deleted and replaced in its entirety by the following:

"The name and street address of the initial registered agent of this limited liability company in the State of Florida are as follows:

Name:	CT Corporation System
Street Address:	1200 South Pine Island Road Plantation, Florida 33324"

- 3) Article 6 is deleted and replaced in its entirety by the following:

"The limited liability company is to be managed by its Sole Member and is therefore a member-managed limited liability company. The name and address of the Sole Member are as follows:

Name:	Complete Health Partners, Inc.
Address:	77 West Granada Blvd. Ormond Beach, FL 32174"