

LOF6000 84519

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

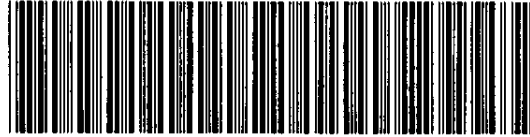
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

J. Shivers DEC 03 2014

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Ideal Family Health, 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:

Dr. Otniel Hernandez, DNP

Name of Person

Ideal Family Health, LLC

Firm/Company

1581 W 49 St. # 149

Address

Hialeah, FL 33012

City/State and Zip Code

dr\_ohernandez@yahoo.com

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

For further information concerning this matter, please call:

Dr. Otniel Hernandez

at (305) 842-4203

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**

Ideal Family Health, 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 09/04/2008 and assigned  
Florida document number L08000084519.

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 end with 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)**

Ideal Family Health, LLC

1581 W 49 St. # 149

Hialeah, FL 33012

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

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

Ideal Family Health, LLC

1581 W 49 St. # 149

Hialeah, FL 33012

**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:

New Registered Office Address:

Enter Florida street address

City, Florida

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**

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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> | <u>Address</u> | <u>Type of Action</u>           |
|--------------|-------------|----------------|---------------------------------|
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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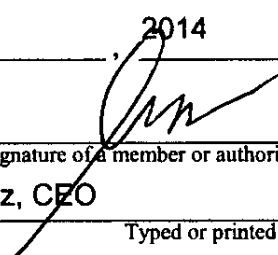
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated November 17, 2014

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Dr. Otniel Hernandez, CEO

\_\_\_\_\_  
Typed or printed name of signee

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Filing Fee: \$25.00

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