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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

DEC - 8 2009

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Palm Beach Medical Career Institute  
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:

Van C Helms  
Name of Person

Palm Beach Medical Career Institute  
Firm/Company

3032 Jog Road  
Address

Greenacres, Florida 33467  
City/State and Zip Code

vanhelms46@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Van C Helms at ( 561 ) 886-8391  
Name of Person Area Code & Daytime Telephone Number

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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**

**Palm Beach Medical Career Institute**

(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 12/05/08 and assigned  
Florida document number L08000111884.

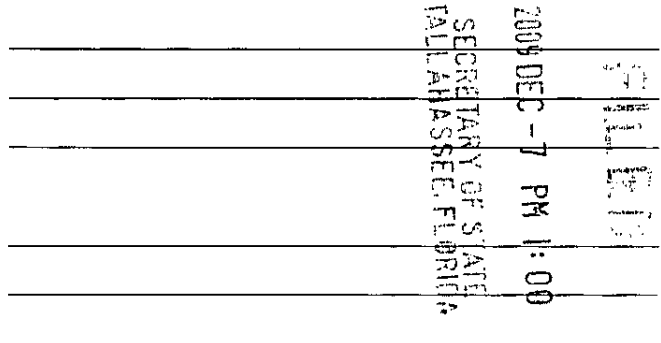
This amendment is submitted to amend the following:

**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)



**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: Van C Helms

New Registered Office Address: 1128 Royal Palm Beach Blvd Box 192

*Enter Florida street address*

Royal Palm Beach, Florida 33411

*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 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.*

See attached  
**If Changing Registered Agent, Signature of New Registered Agent**

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

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Van C Helms	1128 Royal Palm Beach Blvd Box 192 Royal Palm Beach, Florida 33411	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Larry Bruno	25000 Portifino Circle Palm Beach Gardens, Florida 33416	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Paula Turner	206 NW 3rd Street Boynton Beach, Florida 33435	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	D. Charles Marquis	3032 Jog Road Greenacres, Florida 33467	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

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

Add Mr. Larry Bruno as Manager/Director of Surgical Programs. Add Ms. Paula M. Turner as Manager. Remove D.Charles Marquis as Manager and as owner/CEO. No additions or changes can occur without a notarized consent from Mr. Van C.Helms, sole owner, President /CEO of Operation and Education of Palm Beach Medical Career Institute (A Division of Solution Plus).

Dated 12-3-09

Signature of a member or authorized representative of a member/Registered Agent

VAN C Helms  
Typed or printed name of signee