

L090000014847

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B. KOHR
FEB 23 2009
EXAMINER

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09 FEB 23 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 899821 7691571

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : February 20, 2009

ORDER TIME : 4:48 PM

ORDER NO. : 899821-005

CUSTOMER NO: 7691571

FILED
09 FEB 23 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMESTIC AMENDMENT FILING

NAME: HEALTH DESK LLC

XX ARTICLES OF AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret -- EXT# 2949

EXAMINER'S INITIALS: _____

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Health Desk LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
09 FEB 23 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 02/13/2009 and assigned
Florida document number L09000014847.

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:

New Registered Office Address:

(Enter Florida street address)

_____, Florida _____
(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.

(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>
<u>mgrm</u>	<u>Latha Chandrasekaran</u>	<u>c 4 Power Apartments 25 Zakaria Colony Main Rd.</u> <u>Choolaimedu Chennai 600094 Tamil Nadu India</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>mgrm</u>	<u>Lalitha Alagaratnam</u>	<u>No 3 Jalan 6/20 Petaling Jaya Selangor 46000</u> <u>Malaysia</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>mgrm</u>	<u>Murugesan Sundaresan</u>	<u>4/9 I Street Gandhi Nagar Tiruvannamalai 606601</u> <u>Tamil Nadu India</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated

2/20

2009

Signature of a member or representative of member

Sothy Alagaratnam

Type or printed name of member

Page 2 of 2

Filing Fee: \$2.00