

LD9000021193

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

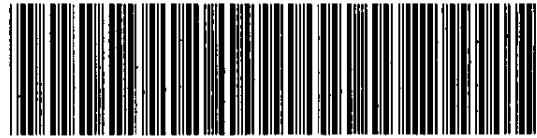
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400163685954

12/29/09--01012--001 **25.00

FILED
2009 DEC 29 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
DEC 30 2009
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Integral Healthcare Consultants, 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:

Vipul Patel

Name of Person

Integral Healthcare Consultants, LLC

Firm/Company

6947 Merrill Rd

Address

Jacksonville, FL 32277

City/State and Zip Code

billy_stewart@bellsouth.net

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

For further information concerning this matter, please call:

Billy Stewart

Name of Person

at (904)

721-2649

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**

FILED
2009 DEC 29 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Integral Healthcare Consultants, 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 March 4, 2009 and assigned Florida document number L09000021193.

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

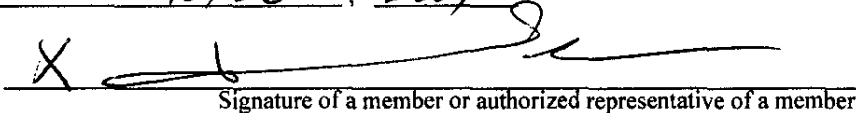
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Vipul R Patel	5924 Covered Creek Ln Jacksonville, FL 32277	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Pathik Shah	1922 Sutton Lakes Blvd Jacksonville, FL 32246	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Frank Abbruzzino	3787 Palm Valley Rd Ponte Vedra Beach, FL 32082	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Santosh S Huralikoppi	12648 Victoria Place Cir Apt # 6107 Orlando, FL 32848	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Bella-Cesca International LLC	3787 Palm Valley Rd Ponte Vedra Beach, FL 32082	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Easy Services Inc	10475 Fortune Parkway # 1003 Jacksonville, FL 32246	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated 12/26, 2009

X 
Signature of a member or authorized representative of a member

VIPUL R. PATEL
Typed or printed name of signee

FILED
2009 DEC 29 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA