

L09000068334

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

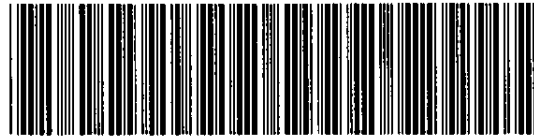
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11 MAR 17 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

MAR 17 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 8, 2011

LAIN MCMILLAN
4095 STATE RD 7, SUITE 109
LAKE WORTH, FL 33449

SUBJECT: HEALTH-AGENT.ORG LLC
Ref. Number: L09000068334

We have received your document for HEALTH-AGENT.ORG LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 111A00003251

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

HEALTH-AGENT.ORG 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 7/15/2009 and assigned Florida document number LO9000068334.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

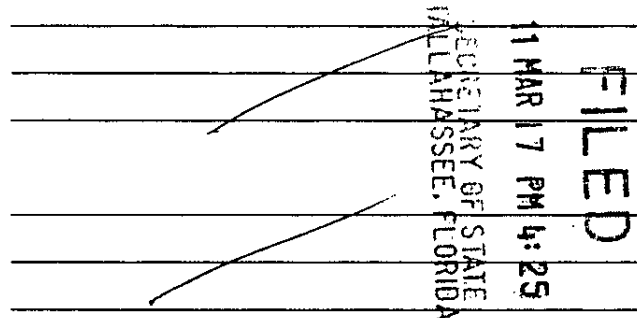
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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:

IAIN McMILLAN

New Registered Office Address:

1515 S. FEDERAL HWY, SUITE 208

Enter Florida street address

BOCA RATON

City

Florida

33432

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.

IAIN McMILLAN

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	UNITED TRUST HEALTH LLC	1515 S. FEDERAL HWY SUITE 208 BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	LES K. STOCKETT	1515 S. FEDERAL HWY SUITE 208 BOCA RATON, FL 33432	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated FEBRUARY 2, 2011.



Signature of a member or authorized representative of a member

IAIN McMILLAN

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 MAR 17 PM 4:26

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