109000100207

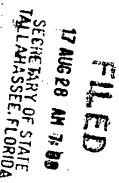
(R	equestor's Name)
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PICK-UP	WAIT MAIL
(B	Business Entity Name)
. (C	Occument Number)
Certified Copies	Certificates of Status
Special instructions to	o Filing Officer:

Office Use Only



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08/29/17--01004--002 **25.00



COVER LETTER

Grand Hea	lth Care Consulting LLC		
SUBJECT:		ited Liability Company	
	ranc of isin	ned Plasmy Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Arash Jabbari		
		Name of Person	
	Grand Health Care Consul	ting	
		Firm/Company	
	1717 North Bayshore Driv	e Suite 217	
		Address	
	Miami Florida 33132		
	jabbari1@gmail.com	City/State and Zip Code	
•	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	all:	
Arash Jabbari		786 777-0344 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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

Grand Health Care Consulting LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Conference L09000100207	ompany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Limit	ited 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 ADDR	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		nter the name of the ne
Name of New Registered Agent:		SSI SSI
New Registered Office Address:	Enter Florida street address	7 3 7
	. Florid	ORA STA
	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 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

If, amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR/Me	Arash Jabbari	1717 North Bayshore Drive Suite 217	■ Add
		MIAMI FLORIDA 33132	□ Remove
			Change
	<u></u>		
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Signature of a member or authorized representative of a member	The	90th day after the record is filed.	
Signature of a member or authorized representative of a member		August 25 2017	
1 / 1	Dated	A. (*)	
1 / \			
1 / \			
Arash Jabbari		Signature of a member or authorized represents	ative of a member
		Arash Jabbari	

Page 3 of 3

Filing Fee: \$25.00