

L09000116895

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

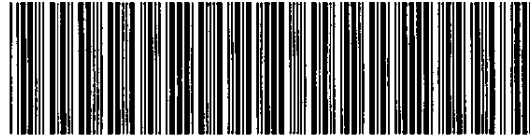
(Business Entity Name)

(Document Number)

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2015 JUL 24 A 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 27 2015

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## COVER LETTER

TO: Registration Section  
Division of Corporations,

SUBJECT: \_\_\_\_\_

MD SYHEALTH

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:

MALIK AHMED SHEHERYAR

Name of Person

MD SYHEALTH, LLC

Firm/Company

1872C BELLMORE AVE

Address

BELLMORE, NY 11710

City/State and Zip Code

Malik.Sheheryar@sybrid.com

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

For further information concerning this matter, please call:

MALIK SHEHERYAR

630

332-0863

at ( )

Name of Person

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**

MD SYHEALTH, 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 12/09/2009 and assigned  
Florida document number L09000116895.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1872C BELLMORE AVE.

**(Principal office address MUST BE A STREET ADDRESS)**

BELLMORE, NY 11710

Enter new mailing address, if applicable:

1872C BELLMORE AVE.

**(Mailing address MAY BE A POST OFFICE BOX)**

BELLMORE, NY 11710

**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

City, Florida

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**

**FILED**  
2015 DEC 24 A 11:00  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**MGR = Manager**  
**AMBR = Authorized Member**

[illegible]

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☐ Add  
☒ Remove  
☐ Change

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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

MALIK AHMED SHEHERYAR  
Typed or printed name of signee

**Filing Fee: \$25.00**

2015 JUL 24 A 11: 06  
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TALLAHASSEE, FLORIDA

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