

**L10000013624**

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. O'Connell APR 13 2010



**merlin hc**  
*improve and evaluate*

To whom it may concern

Please find enclosed the relevant forms and filing fee to amend the articles of organization for Merlin Healthcare LLC, a Florida filed LLC with a document number of 10000013624,

Kind Regards,

Paul Chard  
Managing Member  
Email: paul.chard@merlin-hc.com  
Office: 407 792 2265  
Cell: 407 288 7659

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: MERLIN HEALTHCARE 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:

PAUL CHARD  
Name of Person

MERLIN HEALTHCARE LLC  
Firm/Company

610 SYCAMORE ST, SUITE 240  
Address

CELEBRATION, FL 34747  
City/State and Zip Code

paul.charde@merlin-hc.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAUL CHARD at (407) 288 7659  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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



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	DAVID CHUBB	817 VILANDA PLACE CELEBRATION, FL 34747	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	GARETH DAVIES	817 VILANDA PLACE CELEBRATION, FL 34747	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	STEVEN KING	817 VILANDA PLACE CELEBRATION, FL 34747	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM <sup>PL</sup>	<del>BESPOKE TRAINING LTD</del> @		<input type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	BESPOKE TRAINING AND DEVELOPMENT LTD	Blissford Lodge, Blissford Hall, Frogham, Fordingbridge Hampshire SP6 2HU	<input checked="" 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.)

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\_\_\_\_\_

FILED  
10 APR 12 PM 1:50  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

Dated 9<sup>th</sup> April, 2010



Signature of a member or authorized representative of a member

PAUL CHUBB

Typed or printed name of signee