

# L10000022651

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

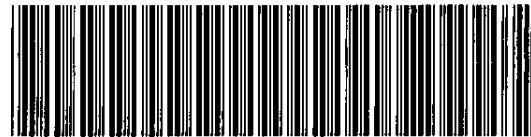
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600200891026

04/12/11--01006--005 \*\*30.00

FILED  
11 APR 11 PM 12:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
APR 13 2011

## **COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: PATIENT CARE ERGONOMIC SOLUTIONS, LLC.**

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Mary Willa Matz**

Name of Person

**Patient Care Ergonomic Solutions, LLC**

Firm/Company

**17702 Esprit Drive**

Address

**Tampa/Florida 33647**

City/State and Zip Code

**patientcareergo@tampabay.rr.com**

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

For further information concerning this matter, please call:

**Mary Willa Matz**

at

**(813) 245-0474**

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$30.00 Filing Fee & Certificate of Status

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

FILED  
11 APR 11 PM 12:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**PATIENT CARE ERGONOMIC SOLUTIONS, LLC  
(A Florida Limited Liability Company)**

The Articles of Organization for this Limited Liability Company were filed on 02/26/2010 and assigned Florida document number L10000022651.

This amendment is submitted to amend the following:

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Heather Lynn Barnes	3571 Tabernacle Pl. Tampa, Florida 33607	ADD

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Mary Willa Matz  
\_\_\_\_\_  
Typed Name of Signee