

LI 0000023759

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

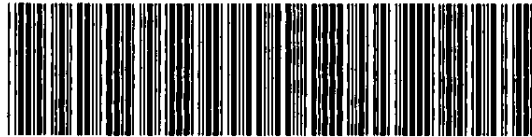
LI-23759

(Document Number)

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FILED

10 MAR 31 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. O'Connell MAR 31 2010

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tracker Medical Solutions 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:

Terri Wesenberg

Name of Person

Tracker Medical Solutions LLC

Firm/Company

25613 Hawks Run Lane

Address

Sorrento, Florida 32776

City/State and Zip Code

kenw@trackermedicalsolutions.com

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

For further information concerning this matter, please call:

Terri Wesenberg

Name of Person

at (352)

516-5560

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 23, 2010

TERRI WESENBERG
25613 HAWKS RUN LANE
SORRENTO, FL 32776

SUBJECT: TRACKER MEDICAL SOLUTIONS LLC
Ref. Number: L10000023759

We have received your document for TRACKER MEDICAL SOLUTIONS LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 110A00007128

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

Tracker Medical Solutions LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

FILED
10 MAR 31 PM 3: 21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on March 2, 2010 and assigned
Florida document number L10000023759.

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)

1703 Mayo Drive
Tallahassee, Florida 32310

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: Terri Wesenberg

New Registered Office Address: 25613 Hawks Run Lane

Enter Florida street address

Sorrento

, Florida

Florida

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 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.

Terri Wesenberg
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:

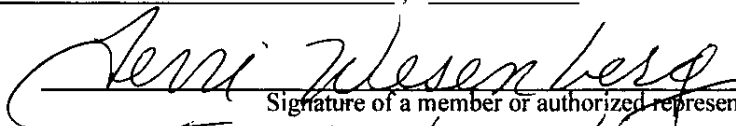
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Mark T. Steve	1633 Oaks Place Lane Lake Mary, Florida 32746	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Michael J. Cox	22820 C.R. 44A Eustis, Florida 32756	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Kenneth D. Wesenberg	25613 Hawks Run Lane Sorrento, Florida 32776	<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 March 14, 2010



Signature of a member or authorized representative of a member

Terri Wesenberg

Typed or printed name of signee

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TALLAHASSEE, FLORIDA