

L10000063793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

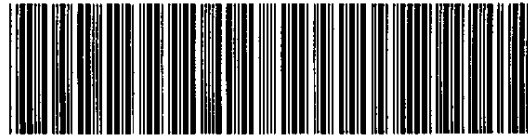
L1-63793

(Document Number)

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10 AUG 18 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. G. Gentry AUG 18 2010

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PEACE OF MIND MEDICAL ALERT SERVICES, 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:

ELENA CONTRERAS

Name of Person

PEACE OF MIND MEDICAL ALERT SERVICES, LLC

Firm/Company

8322 NW 43RD ST

Address

CORAL SPRINGS, FL 33065

City/State and Zip Code

POMMASLLC@YAHOO.COM

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

For further information concerning this matter, please call:

ELENA CONTRERAS

Name of Person

at (954)

903-8385

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

August 10, 2010

ELENA CONTRERAS
8322 NW 43RD STREET
CORAL SPRINGS, FL 33065

SUBJECT: PEACE OF MIND MEDICAL ALERT SERVICES LLC
Ref. Number: L10000063793

We have received your document for PEACE OF MIND MEDICAL ALERT SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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: 010A00019160

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

FILED

10 AUG 18 PM 4: 07

PEACE OF MIND MEDICAL ALERT SERVICES, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 6/15/2010 and assigned
Florida document number L10000063793.

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)

7310 W. MCNAB RD

SUITE 207

TAMARAC, FL 33321

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8322 NW 43RD ST

CORAL SPRINGS, FL 33065

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:

ELENA CONTRERAS

New Registered Office Address:

8322 NW 43RD ST

Enter Florida street address

CORAL SPRINGS

City

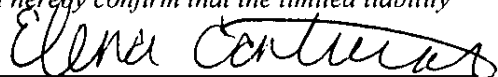
, Florida

33065

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.



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	DIANA CONTRERAS	5920 NW 20TH ST PARKLAND, FL 33067	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	ASTRID EISENMANN	3350 SW 57th Pl FORT LAUDERDALE, FL 33312	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	ELENA CONTRERAS	8322 NW 43RD ST CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Add <input 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.)

FOR MGMR DIANA CONTRERAS, PLEASE JUST UPDATE MAILING

ADDRESS AS PER ABOVE. THANK YOU.

Dated AUGUST 6, 2010



Signature of a member or authorized representative of a member

ELENA CONTRERAS

Typed or printed name of signer

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA