

L10000074721

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

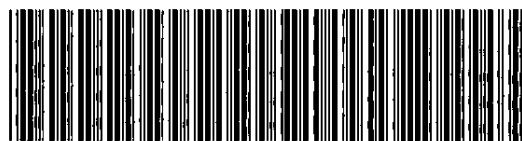
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400187287624

11/02/10--01035--003 **30.00

FILED
10 NOV - 2 AM 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

NOV - 3 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: E-MED PROVIDERS, 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:

ITORO ETUKS

Name of Person

LIBERTY TAX SERVICES

Firm/Company

P O BOX 610307

Address

MIAMI, FL. 33261

City/State and Zip Code

MYETUKS@AOL.COM

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

For further information concerning this matter, please call:

ITORO ETUKS

Name of Person

at (786) 333-3017

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

FILED
10 NOV -2 AM 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

E-MED PROVIDERS, 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 07/15/2010 and assigned
Florida document number L10000074721.

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)

C/O TROKEE GROUP, LLC

9900 W SAMPLE RD. STE 307

CORAL SPRINGS, FL 33065

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

C/O TROKEE GROUP, LLC
P.O. BOX 771840
CORAL SPRINGS, FL 33077

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

, 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.

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

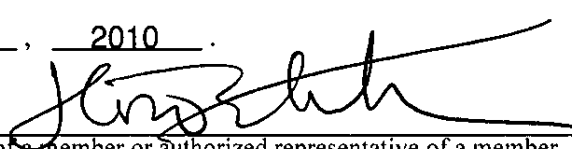
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	ITORO ETUKS	8566 NW 20 CT CORAL SPRINGS, FL 33071	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	TROKEE GROUP, LLC	P O BOX 771840 CORAL SPRINGS, FL 33077	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MEMBER</u>	COMFORT OKPOKPO	2033 NE LIBERTY STREET PORTLAND, OR. 97211	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	ITORO ETUKS	P O BOX 610307 MIAMI, FL 33261	<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

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

ITORO ETUKS IS THE MANAGING MEMBER

AUTHORIZED REPRESENTATIVE.

Dated SEPT. 01, 2010.


Signature of a member or authorized representative of a member

ITORO ETUKS

Typed or printed name of signee

FILED
10 NOV -2 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA