

CU 000 097677

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FL
SECRETARY OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Q MEDCARE, 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:

S. Suraishi

Name of Person

Firm/Company

11903 Southern Blvd, Ste 103

Address

Boynton Beach FL 33411

City/State and Zip Code

ANGU.RAISHI@hotmail.com

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

For further information concerning this matter, please call:

S. Suraishi

Name of Person

at (561)

Area Code

762-1486

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

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FILED
CLERK OF COURT
JANICE L. BROWN

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Q MEDCARE, 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 September 17, 2010 and assigned Florida document number L10000097677

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 contain 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)

11903 Southern Blvd, Ste 103
Royal Palm Beach, FL 33411

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11903 Southern Blvd, Ste 103
Royal Palm Beach, FL 33411

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:

S. Sureshi

New Registered Office Address:

11903 Southern Blvd, Ste 103

Enter Florida street address

Royal Palm Beach

City

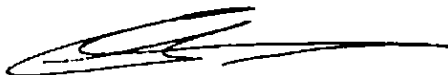
Florida

33411

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	S Quraeshi	11903 Southern Blvd Suite 108	<input type="checkbox"/> Add
		Royal Palm Beach, FL 33411	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	A Quraeshi	11903 Southern Blvd Suite108	<input type="checkbox"/> Add
		Wellington, FL 33411	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SURA TRUST dated May 8, 2017	11903 Southern Blvd, Ste 108	<input checked="" type="checkbox"/> Add
		Royal Palm Beach, FL 33411	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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[illegible]

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SECRETARY OF THE
FALLAHASTERS

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated December 07, 2017

S. QURAISHI
Typed or printed name of signee