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(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:			
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## **COVER LETTER**

TO:	Registration Se Division of Cor			ţ#		
SUBJEC	Healthcare	Technology Consulting LLC				
SODUL		Name of Lim	ited Liability Company			
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn all correspo	ondence concerning this matter	to the following:			
		Edward P. Blaisdell, Esq.				
		· · · · · · · · · · · · · · · · · · ·	Name of Person			
		Dyer & Blaisdell PL	,		SEC E	
			Firm/Company		APR	71
		416 N. Ferncreek Avenue,	Suite A		APR 21 PH 12:	
			Address			
		Orlando, FL 32803			12: 2 [Citab	
			City/State and Zip Code		φ.··· (Δ)	
		TOMF.ARMSTRONG@G	MAIL.COM to be used for future annual report notifi	cation)		
For furth	er information c	oncerning this matter, please co	·	cation		
Edward	P. Blaisdell		407 648.1153 ext.			
	Name o	f Person	Area Code Daytime	Telephone Number	<del></del>	
Enclosed	l is a check for th	ne following amount:				
<b>■</b> \$25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	of Status &	

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HEALTHCARE TECHNOLOGY C	ONSULTING L	LC	
(Name of the Limite	d Liability Comp A Florida Limited	any as it now appears on ou Liability Company)	r records.)
The Articles of Organization for this Limited Lia Florida document number	·	y were filed on 12/16/201	0 and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited lial	bility company here:	
DATABASE TECHNOLOGY SERVICES LLC			
The new name must be distinguishable and contain the wo	rds "Limited Liab	ility Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	N/A	SE(0)
(Principal office address MUST BE A STREET	ADDRESS)		
			<u> </u>
Enter new mailing address, if applicable:		. N/A	
(Mailing address MAY BE A POST OFFICE B	(OX)		<u> </u>
B. If amending the registered agent and/o	r registered c	office address on our	records enter the name of the nev
registered agent and/or the new registered off			ecords, enter the name of the nev
Name of New Registered Agent:	N/A		
New Registered Office Address:		•	
,		Enter Florida stree	et 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 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>	Address	Type of Action
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			□ Remove
			☐ Change
			Remove
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			29 E.	
Effective date, if other tha	the date of filing: e must be specific and cannot be prior to	date of filing or more than 90 day	( <b>optional)</b> s after filing.) Pursuant to 605.0	0207 (3
Note: If the date inserted in t	is block does not meet the applical	ole statutory filing requirement	s, this date will not be listed	d as the
document's effective date on	he Department of State's records.			
the record specifies a de	ayed effective date, but not	an effective time, at 12:	·01 a.m. on the earlie	r of:
The 90th day after the	record is filed.	an chocked time, at 12.	or anni on the carrie	. 0
A	2017			
Dated April 15	, 2016	_•		
PPR	Tulto			
(U/V)	Signature of a member or author			

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee