L10000129820

(Re	questor's Name)	
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JANO 5 2016 J. HARRIS

COVER LETTER

TO: Registration Sec Division of Corp			
	HY ASC & RISK MANAGEI	MENT CONSULTING, LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	LAURA RAINEY		
		Name of Person	
	LAURA RAINEY, PA		
		Firm/Company	
	110 N ORLANDO AVEN	UE, SUITE 8-1	
		Address	· · · · · · · · · · · · · · · · · · ·
	MAITLAND, FL 32751		
		City/State and Zip Code	
	LRAINEYCPA@CFL.RR.		
	E-mail address: (to be used for future annual report notific	cation)
For further information co	ncerning this matter, please ca	all:	
LINDA ABERNATHY		321 377-1073 at ()	
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	e 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

 $T\Omega$

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

(Name of the Limited Liab	•	
(A Flori	ility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on DECEMBER 20, 201	0 and assigned
Florida document number 10000129820	·	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the li</u>	mited liability company here:	
ABERNATHY HEALTH CARE CONSULTING, LLC		
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or	
Enter new principal offices address, if applicable:		205
Principal office address MUST BE A STREET ADD	DECC)	> B
Trincipal office duaress MOST DE A STREET ADE		2022 W Excess
		erg er
7		
Enter new mailing address, if applicable:		3134 GY
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad	istered office address on our records, <u>e</u> dress here:	nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
- · · · · · · · · · · · · · · · · · · ·	Enter Florida street address	
	, Florid	a
	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

or removed from our records: MGR = Manager AMBR = Authorized Member **Title** <u>Name</u> **Address Type of Action** □ Add ☐ Remove ☐ Change □ Add ☐ Remove _□ Change _□ Add ☐ Remove ☐ Change □ Add ___ Remove ين Change ⊡ 7: -□ Add Remove ☐ Change □ Add □ Remove ☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

		
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te: If the date inserted in this block	does not meet the applicable statutory filing requirements,	o tional) fter filing.) Pursuant to 605.020 this date will not be listed a
te: If the date inserted in this block cument's effective date on the Depar	does not meet the applicable statutory filing requirements, rement of State's records. Frective date, but not an effective time, at 12:0	fter filing.) Pursuant to 605.020 this date will not be listed a
te: If the date inserted in this block cument's effective date on the Depar record specifies a delayed effice 90th day after the record	does not meet the applicable statutory filing requirements, rement of State's records. Frective date, but not an effective time, at 12:0	fter filing.) Pursuant to 605.020 this date will not be listed a 1 a.m. on the earlier o
record specifies a delayed effice 90th day after the record	does not meet the applicable statutory filing requirements, retment of State's records. Fective date, but not an effective time, at 12:0 is filed.	fter filing.) Pursuant to 605.020 this date will not be listed a
record specifies a delayed effice 90th day after the record	does not meet the applicable statutory filing requirements, rement of State's records. Fective date, but not an effective time, at 12:0 is filed.	fter filing.) Pursuant to 605.020 this date will not be listed a 1 a.m. on the earlier of 3 a.m. on the earlier of 3 a.m.
ete: If the date inserted in this block cument's effective date on the Department record specifies a delayed effine 90th day after the record the DECEMBER 29	does not meet the applicable statutory filing requirements, retment of State's records. Fective date, but not an effective time, at 12:0 is filed.	fter filing.) Pursuant to 605.020 this date will not be listed a 1 a.m. on the earlier of

Page 3 of 3

Filing Fee: \$25.00