

L110000000056

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

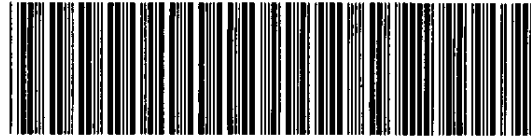
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF COURT
JULIA A. HARRIS

DEC 22 2014

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 4, 2014

JOSE PEREZ
11814 N. 56TH STREET, SUITE A
TEMPLE TERRACE, FL 33617

SUBJECT: TRIPLE E HEALTH SERVICES LLC
Ref. Number: L11000000056

We have received your document for TRIPLE E HEALTH SERVICES LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

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) 245-6051.

Tammi Cline
Regulatory Specialist II

Letter Number: 314A00025529

2014 DEC 18 PM 10:43
RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Triple E Health 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:

Jose Perez

Name of Person

Triple E Health Services LLC

Firm/Company

11814 N. 56th Street, Suite A

Address

Temple Terrace, FL 33617

City/State and Zip Code

abilityhomehealth@gmail.com

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

For further information concerning this matter, please call:

Jose Perez

813 642-9000
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

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

Triple E Health Services 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 12/30/2010 and assigned Florida document number L11000000056.

This amendment is submitted to amend the following

A. If amending name, enter the new name of the limited liability company here:

Triple E Health Services LLC

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)

11814 N. 56th Street

Suite A

Temple Terrace, FL 33617

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11814 N. 56th Street

Suite A

Temple Terrace, FL 33617

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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
CFO	Jose Perez	1811 Coqui Court	<input checked="" type="checkbox"/> Add
		Odessa, FL 33556	<input type="checkbox"/> Remove
COO	Mahender Rajput	4845 E. 99th Ave.	<input checked="" type="checkbox"/> Add
		Tampa, FL 33617	<input type="checkbox"/> Remove
AMBR	Edna Perez	1811 Coqui Court	<input checked="" type="checkbox"/> Add
		Odessa, FL 33556	<input type="checkbox"/> Remove
AMBR	Yomari Rodriguez	2618 E. 109th Ave.	<input checked="" type="checkbox"/> Add
		Tampa, FL 33612	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

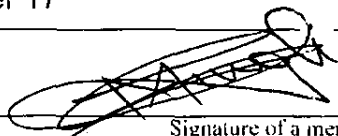
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

The current members are authorized equal partners.

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated November 17 2014



Signature of a member or authorized representative of a member

Mahender Rajput, Chief Operating Officer

Typed or printed name of signee

2014 DEC 18 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FL 32399

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