

L11000030699

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

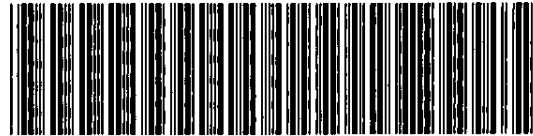
(Business Entity Name)

(Document Number)

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T. CLINE

JAN - 5 2012

EXAMINER

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 JAN - 3 AM 11: 04

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ascendant Health, 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:

Nancy Brown

Name of Person

Firm/Company

32 SE 2 Avenue, Unit 547

Address

Delray Beach, FL 33444

City/State and Zip Code

nbrown68@gmail.com

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

For further information concerning this matter, please call:

Nancy Brown

Name of Person

at (561)

271-5404

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 JAN -3 AMH: 04

FILED

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

Ascendant Health, 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 3/14/2011 and assigned
Florida document number L11000030699.

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)

32 SE 2 Avenue

Unit 547

Delray Beach, FL 33444

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

32 SE 2 Avenue

Unit 547

Delray Beach, FL 33444

FILED
2012 JAN -3 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

32 SE 2 Avenue, Unit 547

Enter Florida street address

Delray Beach

, Florida

33444

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	Kenneth Konsker	4205 W. Atlantic Avenue, C-304 Delray Beach, FL 33445	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	John Briggs	4205 W. Atlantic Avenue, C-304 Delray Beach, FL 33445	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Tammy Stieler	4205 W. Atlantic Avenue, C-304 Delray Beach, FL 33445	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input 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.)*

Dated December 28, 2011



Signature of a member or authorized representative of a member

Nancy Brown

Typed or printed name of signee

FILED
 2012 JAN -3 AM 11:04
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA