

L110000068826

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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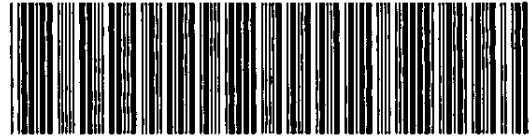
(Business Entity Name)

(Document Number)

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2013 JUL 15 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan JUL 16 2013

COVER LETTER

TO: Registration Section,
Division of Corporations

SUBJECT: INSTITUTE OF HEALTHCARE PROFESSIONS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fec(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:

JAMES MATTHEWS

Name of Person

J.M. CONSULTANT, LLC

Firm/Company

3515 VILLAGE BLVD STE 205

Address

WEST PALM BEACH, FL 33409

City/State and Zip Code

TAXRUS@GMAIL.COM

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

Information concerning this matter, please call:

JAMES MATTHEWS

Name of Person

Enclosed for the following amount:

☒ \$30.00 Filing Fee &
Certificate of Status

ENCLOSURE

Enclosures

☒ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

at (561 686-0572)
Area Code & Daytime Telephone Number

COVER LETTER

TO: Registration Section,
Division of Corporations

INSTITUTE OF HEALTHCARE PROFESSIONS LLC

SUBJECT: _____
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:

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TAXRUS@GMAIL.COM

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

For further information concerning this matter, please call:

JAMES MATTHEWS

561 686-0572

Name of Person

at (_____) _____

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

INSTITUTE OF HEALTHCARE PROFESSIONS LLC

FILED

2013 JUL 15 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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 06/13/2011 and assigned
Florida document number L11000068826.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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 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

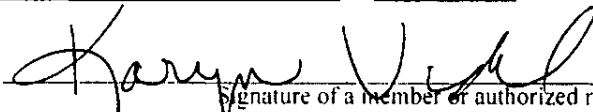
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	BRIGHT EDUCATION CO	6658 NW 25TH AVE	<input type="checkbox"/> Add
		BOCA RATON, FL 33496	<input checked="" type="checkbox"/> Remove
MGRM	DANIELLA VIDAL	6658 NW 25TH AVE	<input checked="" type="checkbox"/> Add
		BOCA RATON, FL 33496	<input 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated _____


KARYN VIDAL

Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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