

L11000099832

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

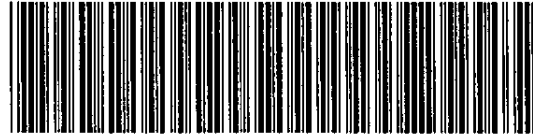
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. SAULSBERRY  
EXAMINER

MAR 19 2012

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Phoenix Health Solutions, 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:

Roy T. Amico/Marguerite A. Harley

Name of Person

Phoenix Health Solutions, LLC

Firm/Company

13908 Barberry Court

Address

Wellington, FL 33414

City/State and Zip Code

roy.a@accesshealthusa.com/sunshinedaisy11@hotmail.com

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Roy T. Amico

Name of Person

at ( 561 )

201-9248

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**

**Phoenix Health Solutions, 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 August 31, 2011 and assigned Florida document number L11000099832.

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)

13908 Barberry Court  
Wellington, FL 33414

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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:

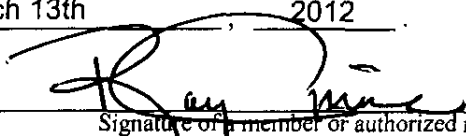
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Roy T. Amico	13908 Barberry Court Wellington, FL 33414	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Marguerite A. Harley	13908 Barberry Court Wellington, FL 33414	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Matthew DeMarco	13908 Barberry Court Wellington, FL 33414	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Ryan Onda	13908 Barberry Court Wellington, FL Court	<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

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

Correspondence Info: Adding Marguerite A. Harley, Changing email address for  
Roy T. Amico to roy.a@accesshealthusa.com, Adding email address for  
Marguerite A. Harley - sunshinedaisy11@hotmail.com, Changing contact  
phone # for Roy T. Amico to 561-201-9248

Dated March 13th 2012



Signature of a member or authorized representative of a member

Roy T. Amico

Typed or printed name of signee

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