

L11000144715

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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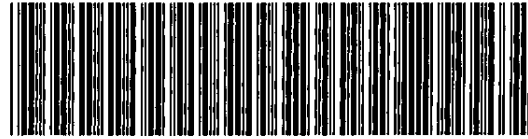
(Business Entity Name)

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DIVISION OF CORPORATIONS  
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FEB 14 2012

T. HAMPTON

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: APS HEALTHCARE INNOVATIONS, 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:

**MITCHELL S. GOLDMAN**

Name of Person

**CANTWELL & GOLDMAN, P.A.**

Firm/Company

**96 WILLARD STREET, SUITE 302**

Address

**COCOA, FL 32922**

City/State and Zip Code

**mitch@cflawoffice.com**

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

For further information concerning this matter, please call:

**MITCHELL S. GOLDMAN**

Name of Person

at ( **321** )

**639-1320 EXT. 101**

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

LAW OFFICE  
**CANTWELL & GOLDMAN, P.A.**

Attorneys and Counselors At Law  
96 Willard Street, Suite #302  
Cocoa, FL 32922-7947  
Telephone: (321) 639-1320  
Facsimile: (321) 639-9950

**William H. Cantwell, II**<sup>1,2</sup>

**Mitchell S. Goldman**

<sup>1</sup> Board Certified Construction Lawyer and  
Board Certified Business Litigation Lawyer

<sup>2</sup> Also Member of West Virginia Bar

February 10, 2012

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**RE: APS Healthcare Innovations, LLC**

Dear Sir/Madam:

With regard to the above referenced matter, enclosed please find the following:

1. Division of Corporations Cover Letter
2. Articles of Amendment to Articles of Organization
3. Check in the amount of \$25.00 for filing fee

Should you have any questions, please do not hesitate to contact this office.

Thank you.



Chris Jackson, Assistant to  
Mitchell S. Goldman, Esq.  
321-639-1320 ext. 101

Enclosure(s)

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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**APS HEALTHCARE INNOVATIONS, 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 DECMEBER 28, 2011 and assigned Florida document number L11000144715.

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)**

12818 STANWYCK CIRCLE

TAMPA, FL 33626

**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>
MGR	MITCHELL S. GOLDMAN	96 WILLARD STREET, SUITE 302 COCOA, FL 32922	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	DIMPLE DILKHUSH	12818 STANWYCK CIRCLE TAMPA, FL 33626	<input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated FEBRUARY 9, 2012

Signature of a member or authorized representative of a member

MITCHELL S. GOLDMAN

Typed or printed name of signee

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