

L12000003798

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

A

Office Use Only

B. KOHR
APR 19 2012
EXAMINER



900229357889

04/17/12--01029--024 **30.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 APR 17 AM 9:07

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT:

Zoom Healthcare, LLC
Name of Limited Liability Company

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 APR 17 AM 9:07

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MANYON MILLER

Name of Person

Zoom Healthcare, LLC

Firm/Company

1030 CITRUS WAY, APT #104

Address

DELRAY BEACH, FLORIDA 33433

City/State and Zip Code

TMZ6642@GMAIL.COM

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

For further information concerning this matter, please call:

MANYON MILLER

Name of Person

at (861) 251-4550

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 APR 17 AM 9:07

Zoom Healthcare, 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 01/09/12 and assigned
Florida document number L22000003798.

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)

1030 CITRUS WAY, APT 104
DELRAY BEACH, FL 33445

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: _____

1030 CITRUS WAY, APT #104

Enter Florida street address

DELRAY BEACH, Florida 33445

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>
<u>MGRM</u>	<u>GLEN A. MILLER</u>	<u>21111 VIA VENTURA</u> <u>BOCA RATON, FL 33433</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>GLEN A. MILLER</u>	<u>1030 CITRUS WAY, APT #104</u> <u>DELRAY BEACH, FL 33445</u>	<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.)

PLEASE CHANGE MY MAILING ADDRESS FROM:
21111 VIA VENTURA, BOCA RATON FL 33433
TO: 1030 CITRUS WAY, APT #104, DELRAY
BEACH FL 33445

Dated APRIL 13, 2012.

MAYON MILLER
Signature of a member or authorized representative of a member
MAYON MILLER
Typed or printed name of signee