

42000056992

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2013 AUG 27 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. Culligan AUG 27 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CRITICAL CARE CONSULTING COMPANY L.L.C
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:

SREEDHAR CHINTALA

Name of Person

CRITICAL CARE CONSULTING COMPANY LLC

Firm/Company

9594 CAMPI DRIVE

Address

LAKE WORTH, FLORIDA 33467

City/State and Zip Code

srchintala11@hotmail.com

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

For further information concerning this matter, please call:

SREEDHAR CHINTALA

Name of Person

at (561) 847-4024

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 5, 2013

SREDDHAR CHINTALA
9594 CAMPI DRIVE
LAKE WORTH, FL 33467

SUBJECT: CRITICAL CARE CONSULTING COMPANY, "LLC"
Ref. Number: L12000056992

We have received your document for CRITICAL CARE CONSULTING COMPANY, "LLC" and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A brief description of the entity's nature of business must be included in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan
Regulatory Specialist II

Letter Number: 513A00018671

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2013 AUG 27 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CRITICAL CARE CONSULTING COMPANY'S 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 4/26/2012 and assigned
Florida document number L12000056992.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

CRITICAL CARE CONSULTING CONSULTING COMPANY P. L. L. C

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)

9594 CAMPI DRIVE
LAKE WORTH
FLORIDA 33467

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>
_____	_____	_____	Add
		_____	Remove

_____	_____	_____	Add
		_____	Remove

_____	_____	_____	Add
		_____	Remove

_____	_____	_____	Add
		_____	Remove

_____	_____	_____	Add
		_____	Remove

_____	_____	_____	Add
		_____	Remove

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

see attached page for purpose

Dated _____

Sreedhar Chintala

Signature of a member or authorized representative of a member

SREEDHAR CHINTALA

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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2013 AUG 27 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**SREEDHAR CHINTALA
9594 CAMPI DRIVE
LAKE WORTH, FL 33467
561-847-4024**

Tuesday, August 20, 2013

**FLORIDA DEPARTMENT OF STATE
Division of Corporations**

**SUBJECT: CRITICAL CARE CONSULTING COMPANY "LLC"
REF. NUMBER : L12000056992**

Critical Care Consulting Company "LLC" nature of business is to provide medical critical care services to hospitals. Including but not limited to medical consultation, medical education, medical training and medical research. Services are provided ^{as} an Independent Contractor.

X 
SREEDHAR CHINTALA
MGR