

L12000092310

(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:

Office Use Only



500249826185

09/25/13--01017--002 **25.00

FILED

2013 OCT 17 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 18 2013
TALLAHASSEE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MH Equipment Ventures, 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:

Todd Batey
Name of Person

MH EQUIPMENT VENTURES, LLC
Firm/Company

6948 PROFESSIONAL PARKWAY EAST
Address

SARASOTA, FL 34240
City/State and Zip Code

TODD.B@BEHEALTHYUS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person at (_____) _____
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

RECEIVED

13 OCT 17 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

September 26, 2013

TODD BATEY
MH EQUIPMENT VENTURE, LLC
6948 PROFESSIONAL PKWY E
SARASOTA, FL 34240

SUBJECT: MH EQUIPMENT VENTURE, LLC
Ref. Number: L12000092310

We have received your document for MH EQUIPMENT VENTURE, 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):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return the corrected original and one copy of 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.

Tammy Hampton
Regulatory Specialist III
Registration/Qualification Section

Letter Number: 013A00022679

FILED

2013 OCT 17 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

MH EQUIPMENT VENTURES, 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 July 17, 2012 and assigned
Florida document number L12000092310

This amendment is submitted to amend the following:

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

HEALTH POINT PARTNERS, LLC

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**)

6948 Professional Parkway East
Sarasota, Florida 34202

Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

6948 Professional Parkway East
Sarasota, Florida 34202

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

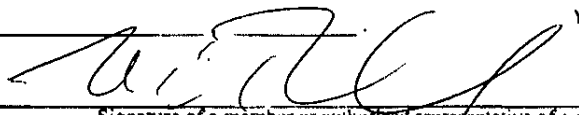
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Neil Bedi	6948 Professional Parkway East Sarasota, Florida 34202	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Thomas E. Blankenship	6948 Professional Parkway East Sarasota, Florida 34202	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Jonathan D. Fleece	802 11th Street West Bradenton, Florida 34205	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Robert S. Stroud	2 N. Tamiami Trail, Suite 408 Sarasota, Florida 34236	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2013 OCT 17 PM 4:23
Remove

FILED

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

Dated _____



Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED

2013 OCT 17 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA