

U12000093550

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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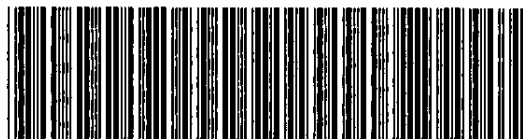
(Business Entity Name)

(Document Number)

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EXAMINER

2012 AUG - 8 PM 2:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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U12-9388

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Direct Provider Services, 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:

Jeri Goodkin Dausey

Name of Person

South Beach Construction

Firm/Company

16499 NE 19th Avenue, Suite 216

Address

North Miami Beach, FL 33162

City/State and Zip Code

jdausey@southbeach-construction.com

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

For further information concerning this matter, please call:

Alyse Wolfard

Name of Person

at (305)

957-0088

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

FILED
12 AUG -8 PM 2:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DIRECT PROVIDER SERVICES, 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 _____ and assigned
Florida document number _____.

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)

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>
VP	Boaz Nelson Santiago	1835 E. Hallandale Beach Blvd #704 Hallandale Beach, FL 33009	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Alyse Lyn Wolfard	16499 NE 19th Avenue, Suite 216 North Miami Beach, FL 33162	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Edward A. Landers	16499 NE 19th Avenue, Suite 216 North Miami Beach, FL 33162	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Wesley T. Curran	16499 NE 19th Avenue, Suite 216 North Miami Beach, FL 33162	<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

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

Jeri Dausey is the registered agent and also an MGRM.

Dated August 2, 2012

Signature of a member or authorized representative of a member

Jeri Dausey

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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