112000099055

(Re	equestor's Name)			
(Ad	ddress)			
(Ac	ddress)			
· (C	ity/State/Zip/Phone	; #)		
PICK-UP	☐ WAIT	MAIL		
(B	usiness Entity Nan	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				





700214353037

10/01/12--01017--026 **30.00

12 OCT -2 PH 4: 24

B. BOSTICK OCT - 3 2012

EXAMINER

COVER LETTER

TO: Registration Division of C			
SUBJECT:	EHR	R TECH LLC	
SOBJECT.		ited Liability Company	
	of Amendment and fee(s) are su	·	
		MARYAM JAVED	
EHR TECH LLC			
Firm/Company			
5786 SUGARCANE LN			
		Address	
	L/	AKE WORTH,FL 33449 City/State and Zip Code	
	EHR	TECHLLC@GMAIL.COM	A. T
For further information	E-mail address:	(to be used for future annual report notification)	12 OCT -
	-		Sign N
	ARYAM JAVED	at (561) 7987386 Area Code & Daytime Telephone Nu	mber Po
		·	PH 4: 24
Enclosed is a check fo	r the following amount:		A
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy Certified (additional copy is enclosed) Certified Copy) Filing Fee, ificate of Status & ified Copy itional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	S:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	R TECH LLC				
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appear imited Liability Company)	rs on our records.)			
The Articles of Organization for this Limited Liability Co	ompany were filed on	08/01/2012	ar	nd assiį	gned
Florida document numberL12000099055	<u>_</u> .				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limi	ted liability company her	<u>e</u> :			
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Compa	any," the designation	"LLC" o	r the at	obreviation
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDR	RESS)		<u> </u>		
			1.5	-8-	1 1
			ASS	1	HE SE SEEDINGSEAT COOKEATE
Enter new mailing address, if applicable:	<u> </u>		iri-	-2	
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>		73		exemed-4
			953 Dr	<u></u>	Topped
			\supset	+	
B. If amending the registered agent and/or regist registered agent and/or the new registered office add		our records, <u>enter</u>	the na	<u>ime_of</u>	the new
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
	, Florida				
	City		Zip	o 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> Name Address **Type of Action** MGR SHAHZAD KHAN **5786 SUGARCANE LN** ✓ Add LAKE WORTH FL 33449 Rcmove ☐ Add ☐ Remove □ Add ☐ Remove $\prod \Lambda dd$ Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) SEPTEMBER 26 2012 Dated Signature of member of authorized representative of a member MARYAM JAVED Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00