

L120000099055

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

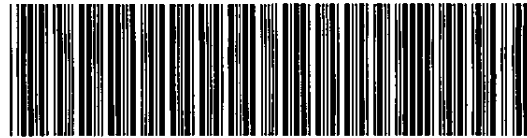
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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OCT 22 2014

S. YOUNG

EFFECTIVE DATE  
10/25

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: EHR TECH 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:

**MARYAM JAVED**

Name of Person

**EHR TECH LLC**

Firm/Company

**5786 SUGARCANE LN**

Address

**LAKE WORTH, FL 33449**

City/State and Zip Code

**EHRTECHLLC@GMAIL.COM**

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

For further information concerning this matter, please call:

**MARYAM JAVED**

**561 5065740**

Name of Person

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

EHR TECH LLC

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	SHAHZAD KHAN	5786 SUGARCANE LN	<input type="checkbox"/> Add
		LAKE WORTH, FL 33449	<input checked="" type="checkbox"/> Remove
MGRM	SHIRAZ KHAN	5786 SUGARCANE LN	<input type="checkbox"/> Add
		LAKE WORTH, FL 33449	<input checked="" type="checkbox"/> Remove
MGR	SALEEM AKHTAR	5786 SUGARCANE LN	<input checked="" type="checkbox"/> Add
		LAKE WORTH, FL 33449	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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2011

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

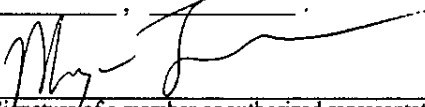
NIA

E. Effective date, if other than the date of filing: 10/25/2014 (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated OCT 16TH

2014

  
Signature of a member or authorized representative of a member

MARYAM JAVED

Typed or printed name of signer

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Filing Fee: \$25.00

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