

L12000108111

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

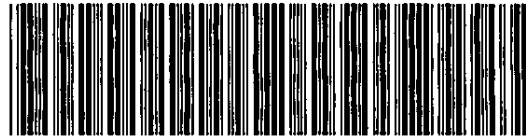
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 NOV 19 PM 4: 04
RECEIVED
SECTION OF STATE
RECORDS & ADMINISTRATION

NOV 20 2014
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: M2SYS Healthcare Solutions LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Khondker F. Sultana

Name of Person

M2SYS Healthcare Solutions, LLC

Firm/Company

1050 Crown Pointe Pkwy, 850

Address

Atlanta, GA 30338

City/State and Zip Code

mohu@m2sys.com

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

For further information concerning this matter, please call:

Khondker F. Sultana

Name of Person

at (404) 337-2164

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 4, 2014

KHONDKER F SULTANA
1050 CROWN POINTE PKWY, SUITE 850
ATLANTA, GA 30338

SUBJECT: M2SYS HEALTHCARE SOLUTIONS, LLC
Ref. Number: L12000108111

We have received your document for M2SYS HEALTHCARE SOLUTIONS, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 114A00023615

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 NOV 19 PM 4:04

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

M2SYS Healthcare Solutions, 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 08/22/2012 and assigned
Florida document number L12000108111.

This amendment is submitted to amend the following:

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

RightPatient, 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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

New Registered Office Address:

N/A

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 605, 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 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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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SECTION 10.01
DIVISION OF SOCIAL SERVICES

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

E. Effective date, if other than the date of filing: _____ (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 11/20/2014, _____

KSultana

Signature of a member or authorized representative of a member

Khondker F. Sultana

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

STATE OF FLORIDA
DIVISION OF CORPORATIONS
14 NOV 19 PM 4:05