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TALLAHASSEE, FLORIDA

JUN 19 2015

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INTEGRITY HEALTHCARE LOCUMS, 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:

Steven I. Greenwald, Esq.

Name of Person

Law Offices of Steven I. Greenwald, P.A.

Firm/Company

6971 North Federal Highway, Suite 105

Address

Boca Raton, Florida 33487

City/State and Zip Code

sigreenwaldlaw@att.net

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

For further information concerning this matter, please call:

Steven I. Greenwald, Esq.

561 994-5560
at ()

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

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

INTEGRITY HEALTHCARE LOCUMS, 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 9/11/2012 and assigned
Florida document number L12000116628.

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 contain 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 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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
MGRM	Timothy P Devereux	9785 South Maroon Circle	<input type="checkbox"/> Add
		Suite G 102	<input type="checkbox"/> Remove
		Englewood, CO 80112	<input checked="" type="checkbox"/> Change
MGRM	Lascia R. Devereux	9785 South Maroon Circle	<input type="checkbox"/> Add
		Suite G 102	<input type="checkbox"/> Remove
		Englewood, CO 80112	<input checked="" type="checkbox"/> Change
MGRM	Christopher P. Noel	Post Office Box 110006	<input type="checkbox"/> Add
		Bradenton, FL 34211	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGRM	Timothy C. Arnel	Post Office Box 110006	<input type="checkbox"/> Add
		Bradenton, FL 34211	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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 Add
 Remove
 Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated June 16, 2015

Signature of _____

Signature of a member or authorized representative of a member

Timothy P. Devereux

Typed or printed name of signee

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