

L12000135601

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

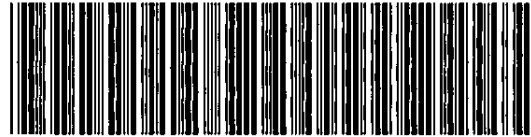
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/02/14--01057--006 **30.00

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2014 SEP 14 PM 12:17
CLERK OF STATE
TOLSON

B. BOSTICK

SEP 29 2014

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Health Support 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:

Susan Cleveland

Name of Person

Health Support Services, LLC

Firm/Company

225 City View Dr.

Address

Fort Lauderdale, Fl. 33311

City/State and Zip Code

susan@healthsupportsvcs.com

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

For further information concerning this matter, please call:

Susan Cleveland

Name of Person

954 695-9064

at ()
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

27TH SEP 19 PM 12:11

CLERK OF THE COURT

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

Health Support 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 10/24/12 and assigned
Florida document number L120000135601

This amendment is submitted to amend the following:
L12000135601

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)

225 City View Dr.
Fort Lauderdale, Florida 33311

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:

Susan Cleveland

New Registered Office Address:

225 City View Dr.

Enter Florida street address

Fort Lauderdale

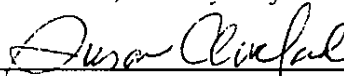
, Florida 33311

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>
MGR	Susan Cleveland	225 City View Dr., Fort Lauderdale, Fl. 33311	<input checked="" type="checkbox"/> Add
	Jason A. Cleveland		<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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2014 SEP 11 PM 1:07
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

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 **August 29**, **2014**



Signature of a member or authorized representative of a member

Susan Cleveland

Typed or printed name of signee

FILED
SEP 19 11 17
CLERK OF THE STATE
FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 9, 2014

SUSAN CLEVELAND
225 CITY VIEW DRIVE
FT. LAUDERDALE, FL 33311

SUBJECT: HEALTH SUPPORT SERVICES, LLC
Ref. Number: L12000135601

We have received your document for HEALTH SUPPORT SERVICES, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please check the add or remove box for both Susan Cleveland and Jason Cleveland.

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.

Barbara Bostick
Regulatory Specialist II

Letter Number: 814A00019209

FILED
SEP 19 2014
DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA