L12001SL297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

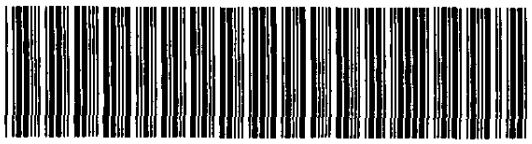
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

FEB - 4 2013

G. McLEOD



700244079607

01/28/13--01048--004 **60.00

13 JAN 28 AM 8:42

TALLAHASSEE, FLORIDA

COVER LETTER

Heritage E-Call Systems, LLC (#2)

TO: **Registration Section**
Division of Corporations

SUBJECT: Heritage E-Call Systems, 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:

Nancy Barnes, FL Registered Paralegal
Name of Person

Carey, O'Malley, Whitaker & Mueller, P.A.
Firm/Company

712 South Oregon Avenue
Address

Tampa, FL 33606
City/State and Zip Code

drm@ideacomfl.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nancy Barnes / nbarnes@cowmpa.com at (813) 250-0577
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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations

NOTE: DO NOT SEPARATE

Heritage Medcall, Inc. (#1) and
Heritage E-Call Systems, LLC (#2)

Please file back-to-back in order noted.

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Heritage E-Call Systems, 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 December 14, 2012 and assigned Florida document number L12000156297.

This amendment is submitted to amend the following:

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

Heritage Medcall, 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:
(Principal office address MUST BE A STREET ADDRESS)

202 East Virginia Avenue
Tampa, FL 33603

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

202 East Virginia Avenue
Tampa, FL 33603

13 JAN 28 AM 8:42

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 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

Title	Name	Address	Type of Action
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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

Dated _____, _____.

_____
Signature of a member or authorized representative of a member

D. R. Musselman II, Manager
_____
Typed or printed name of signee

Filing Fee: $25.00