L1200161926

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JUL 18 2014 D. BRUCE

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

COASTAL HEALTHCARE ASSOCIATES, 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:

HATEM A. MOURAD

Name of Person

Firm/Company

5283 DANCING RABBIT RD

Address

MERIDIAN MS 39301

City/State and Zip Code

HATOOMA@HOTMAIL.COM

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

For further information concerning this matter, please call:

HATEM A. MOURAD

_{#/}985 \ 628-2262

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Coastal Healthcare Ass	sociates, LLC
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L12000161926</u> .	were filed on12/31/2012 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5283 DANCING RABBIT ROAD
(Principal office address MUST BE A STREET ADDRESS)	MERIDIAN MS 39301
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5283 DANCING RABBIT ROAD MERIDIAN MS 39301
B. If amending the registered agent and/or registered of 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 Zp.Code = 1
New Registered Agent's Signature, if changing Registered Agent:	그리 그

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
<u></u>			
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			Add
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<u>.</u>			□ Add
			
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			Add
			☐ Remove

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

Page 3 of 3

Filing Fee: \$25.00

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