

L13 0000 23947

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

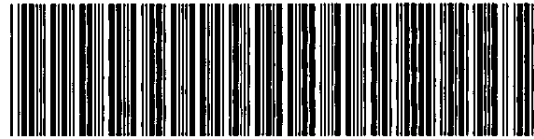
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/18/14--01052--003 **25.00

FILED
MAR 19 2014
TALLAHASSEE, FLORIDA

J. Stivers MAR 24 2014

427



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 19, 2014

BRIAN CROWLEY
400 SOUTHPOINTE DR SUITE 1001
MIAMI BEACH, FL 33139

SUBJECT: HEALTH MANAGEMENT SYSTEMS PLUS LLC
Ref. Number: L13000023947

We have received your document for HEALTH MANAGEMENT SYSTEMS PLUS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 914A00003789

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **Health Management Systems Plus, 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:

Brian Crowley

Name of Person

Same

Firm/Company

400 Southpointe Drive, Suite 1001

Address

Miami Beach, FL 33139

City/State and Zip Code

brianwpb@gmail.com

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

For further information concerning this matter, please call:

Brian Crowley

Name of Person

at **(561) 3587307**

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**

Health Management Systems Plus, 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 02/14/2013 and assigned
Florida document number L13000023947.

This amendment is submitted to amend the following:

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

Integra Labs, 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)

400 Southpointe Drive, Suite 1001

Miami Beach, FL 33139

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:

Brian Crowley

New Registered Office Address:

400 Southpointe Drive # 1001

Enter Florida street address

Miami Beach

City

, Florida 33139

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.

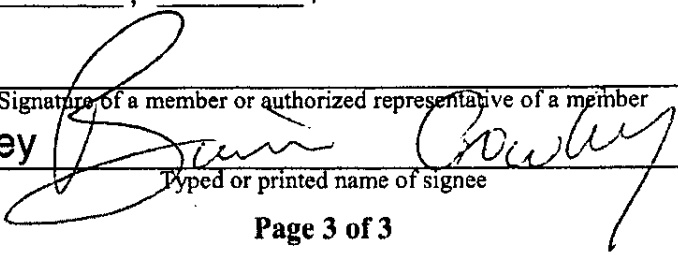
Brian Crowley
If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
MGRM = Managing Member

[illegible]

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
Brian Crowley 
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

14 MAR 21 AM 8:17
MAIL ROOM
TALLAHASSEE, FLORIDA