

L13000031359

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

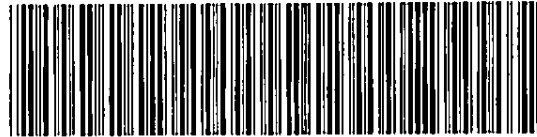
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



200419910412

FILED

2023 DEC 21 AM 10:29

OFFICE OF THE
CLERK OF THE
STATE
TALLAHASSEE, FL

RECEIVED

2023 DEC 21 PM 3:46

OFFICE OF THE
CLERK OF THE
STATE
TALLAHASSEE, FLORIDA



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations
From: Alexis Weiland-Sorenson
Ext: 61592
Date: 12/21/23
Order #: 1357339-1
Re: SBG Healthcare, LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$55.00 - FL State Account Number:
120000000195 Authorization:

Please take the following action:

File in your office on basis

Issue Proof of Filing

issue certified copy

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SBG Healthcare, 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:

Drew Seder

Name of Person

SBG Healthcare, LLC

Firm/Company

7665 DAVIE RD EXT. SUITE 201

Address

HOLLYWOOD, FL 33024

City/State and Zip Code

CORP-businessfilings@epicstaffinggroup.com

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

For further information concerning this matter, please call:

Drew Seder

800 928-1124
at () _____
Area Code Daytime Telephone Number

Name of Person

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED

2023 DEC 21 AM 10:29

STATE and assigned
STATE
FL

If Changing Registered Agent, Signature of New Registered Agent

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>
MGR	Epic Healthcare Travel Staffing, Inc.	2041 Rosecrans Ave #245	<input checked="" type="checkbox"/> Add
		El Segundo, CA 90245	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Drew Seder	7665 DAVIE RD EXT. SUITE 201	<input type="checkbox"/> Add
		HOLLYWOOD FL 33024	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
President	Drew Seder	7665 DAVIE RD EXT. SUITE 201	<input checked="" type="checkbox"/> Add
		HOLLYWOOD FL 33024	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> 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.

DocuSigned by:

 Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00