L13000034876

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE

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July 13, 2015

CLIFFORD CARROLL 4800 NORTH FEDERAL HIGHWAY, SUITE B200 BOCA RATON, FL 33431

SUBJECT: NUMEDCARE LLC Ref. Number: L13000034876

We have received your document for NUMEDCARE 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):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Letter Number: 715A00014609

Yasemin Y Sulker Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO:	Registration Division of C	Section Corporations		
CUDIE		Care, LLC		
SUBJE	CI:	Name of Lim	ited Liability Company	<u>.</u>
The end	closed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all corre	spondence concerning this matter	to the following:	
		Angela Price		
			Name of Person	
		NuMed Care, LLC		
			Firm/Company	
		4800 North Federal Highw	vay, Suite B200	
			Address	· ····-
		Boca Raton, Florida 3343	1	
			City/State and Zip Code	
		aprice@numedcare.com		
			to be used for future annual report notifi	ication)
For furt	her informatio	n concerning this matter, please c	all:	
Angela	Price		561 288-1763 x. 2	
	Nan	ne of Person	Area Code Daytime	Telephone Number
Enclose	ed is a check fo	or the following amount:		
\$25	5.00 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

NuMed Care, 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 $\frac{03/07/13}{1}$ and assigned Florida document number L13000034876 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain 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) 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 flame registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	Type of Action
MGR	Todd Stephens	4800 N. Federal Hwy., Suite B200	■ Add
		Boca Raton, FL 33431	□ Remove
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	ffective date, if other than the	te date of filing:	(optional)
ffective date, if other than the date of filing: (optional) 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	lote: If the date inserted in this	block does not meet the applicable statutory	filing requirements, this date will not be listed a.
ffective date, if other than the date of filing:	e record specifies a delay The 90th day after the re	ed effective date, but not an effecti ecord is filed.	ve time, at 12:01 a.m. on the earlier o
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 lote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as	July 23	2015	
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 lote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ocument's effective date on the Department of State's records. e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed.	aicu	·	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00