113000087861

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SECTION OF THE CORDS

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COVER LETTER

TO:	Registration Se- Division of Cor		·			
		Ownership				
SUBJI	ECT:	Name of Limit	ted Liability Company			
The en	closed Articles of a	Amendment and fee(s) are subn	nitted for filing.			
Please	return all correspo	ndence concerning this matter t	o the following:			
		Elona Bicaku				
			Name of Person			
		Bay Area Consulting Telem DBA: BAC Telemed LLC	ed LLC			
			Firm/Company			
	2210 Ashley Oaks Circle, Ste 101					
		Wesley Chapel, FL. 33544	Address			
		Elona.bicaku@bactelemed.c	City/State and Zip Code			
		E-mail address: (1	o be used for future annual report notifi-	cation)		
For fur	ther information co	oncerning this matter, please ca	il:			
Elona	Bicaku		813 3683586 at ()			
	Name o	f Person	Area Code Daytime	Telephone Number		
Enclos	ed is a check for th	ne following amount:				
□ S2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fec & 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**



Bay Area Consulting Telemed 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 I Florida document number L13000087861	Liability Compan	y were filed on 6/18	/2013	and assigned
Florida document number	•			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited lia	bility company here	<u>2</u> :	
N/A				
The new name must be distinguishable and contain the	words "Limited Liab	oility Company," the desi	gnation "LLC" or the abl	oreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A		
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE	(BOX)			
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered o	office address on o	our records, enter	the name of the new
Name of New Registered Agent:	N/A	-		
New Registered Office Address:	N/A			
		Enter Florida	street add re ss	
			Florida	
		City		Zip Code
New Registered Agent's Signature, if changing	Registered Agent	<u>:</u>		

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 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
MGRM	Elona Bicaku	2210 Ashley Oaks Circle, Ste 101, Wesley Chapel FL 33544	
			■ Remove
			Change
			□ Remove
			□ Change
			Remove
			Change.
			O Add
			Remove
			Change
			□ Remove
			Change
			□ Remove
			□ Change

. N/A		
		18 OCT 25 AM 1: 10
		,
Effective date if other than the	September 1st, 2018 date of filing:	(optional)
(If an effective date is listed, the date mus Note: If the date inserted in this ble document's effective date on the De	ock does not meet the applicable statutory filing	ore than 90 days after filing.) Pursuant to 605.0207 (3)(b)
the record specifies a delayed) The 90th day after the reco	l effective date, but not an effective til ord is filed.	me, at 12:01 a.m. on the earlier of:
October 1st	2018	
0.11		
Mall	Signature of a member or authorized representative of	ot a member
Elona Bicaku		
LIONA DICARU	Typed or printed name of signee	

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Filing Fee: \$25.00