

L13000/20241

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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K. SALY
EXAMINER
MAR 22



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 4, 2016

COACTION HEALTHCARE, LLC
ROBERT E STURMER
10611 NW 9TH RD.
GAINESVILLE, FL 32606

SUBJECT: COACTION HEALTHCARE, LLC
Ref. Number: L13000120241

REC-511
2016 MAR 17 PM 12:09
STATION OF THE
TALLAHASSEE, FL 32314

We have received your document for COACTION HEALTHCARE, LLC and your check(s) totaling \$43.75. 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.

Karen A Saly
Regulatory Specialist II

Letter Number: 216A00004529

COVER LETTER

TO: Registration Section
Division of Corporations

DOC #:

SUBJECT: Coaction Healthcare, LLC
Name of Limited Liability Company

L13000120241

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert Sturmer
Name of Person

Coaction Healthcare, LLC
Firm/Company

10611 NW 9th Road
Address

Gainesville, FL 32606
City/State and Zip Code

admin@coactionhealthcare.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Sturmer at (620) 222-6298
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)

Fee already submitted

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

Coaction Healthcare, LLC (L13000120241)
(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 08-23-2013 and assigned Florida document number L13000120241

This amendment is submitted to amend the following:

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

N/A

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)

10611 NW 9th Rd.
Gainesville, FL 32606

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10611 NW 9th Rd.
Gainesville, FL 32606

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:

N/A

New Registered Office Address:

10611 NW 9th Rd
Enter Florida street address
Gainesville, Florida 32606
City 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 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.

n/a

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>
	N/A		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	N/A		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	N/A		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	N/A		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	N/A		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

The 2 Agents are not changing, but both have changed addresses.

Both Diana Friou & Robert Sturmer have this new address:

10611 NW 9th Rd.
Gainesville, FL 32606

This address is the same for:

- ① Diana S. Friou - personal address
- ② Robert Sturmer - personal address
- ③ Principal office - Coaction Healthcare
- ④ mailing Address - Coaction Healthcare

E. Effective date, if other than the date of filing: ~~March 14, 2016~~ N/A 03F (optional)

(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)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated March 14, 2016

Diana S. Friou

Signature of a member or authorized representative of a member

Diana S. Friou

Typed or printed name of signee

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CLERK OF STATE
TALLAHASSEE, FLORIDA