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SECRETARY OF STATE
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ATTORNEYS CORPORATION SERVICE, INC. 5668 EAST 61ST STREET COMMERCE, CA 90040

TEL: (800) 462-5487 ext.133 FAX: (800) 388-0330 EMAIL: ttran@attorneyscorpservice.com

DOCUMENT FILING REQUEST LETTER

REGULAR / EXPEDITE FILING SERVICE

DATE: 10/7/14

FROM: TENG TRAN

Client Matter: #

TO: DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

CLIFTON BUILDING

2661 EXECUTIVE CENTER CIRCLE

TALLAHASSEE, FL 32301

ATTN: DOCUMENT FILING DIVISION

RE: Health Signal LLC

Enclosed is one of the following: (1) Articles of Amendment

Return request with filing: (1) Plain Copy

Return request via following: (X) Priority Mail/Email

Total Page(s) attached including transmittal page: ()

Fax/Email a copy of the filed documents upon acceptance of filing

PLEASE RETURN FILED DOCUMENTS ATTACHED WITH AN INVOICE TO: ATTORNEYS CORPORATION SERVICE, INC. 5668 E. 61st Street COMMERCE, CA 90040

PLEASE CONFIRM UPON RECEIVED DOCUMENTS

NOTE(S):

COVER LETTER

TO: Registration Section Division of Corpo			
SUBJECT: HEAL	TH SIGNAL LLC		
SUBJECT:	Name of Limited Liability Company		
The enclosed Articles of Ar	nendment and fee(s) are submitted for filing.		
Please return all correspond	ence concerning this matter to the following:		
	TENG TRAN		
	Name of Person		
	ROCKET LAWYER		
	Firm/Company		
	5668 E. 61ST STREET		
	Address		
	COMMERCE, CA 90040		
	City/State and Zip Code		
	E-mail address: (to be used for future annual report notification)	N. Ca	
For further information cor	cerning this matter, please call:		
Teng Tran	_{at} (800) 462-5487 x133	14 OCT 15 ECKEJAR) LLAHASSI	i i
Name of I		5 AH IO: SEE FLO	i De
Enclosed is a check for the	following amount:	S 17	- m 84

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

■ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &

Certificate of Status

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee.

Certified Copy

Certificate of Status &

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HEALTH SIGNAL 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 09/23/2013 and assigned Florida document number L13000134358 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 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) 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: New Registered Office Address: Enter Florida street address

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

Florida

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member <u>Title</u> Name **Address** Type of Action Nadia Al-Azawi 3193 Huxley Ct. **AMBR ■** Add Duluth, Ga. 30096 □ Remove William Kelman 105 Pompano Road **AMBR** 🗖 Add Saint Augustine, FL 32086 □ Add □ Remove ☐ Remove ☐ Remove

 If amending any other information, enter change(s) here: (Attach additional sheets, if no 	ecessary.)
	·····
Effective date, if other than the date of filing: (Op. (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 day the date this document is filed by the Florida Department of State)	tional) 's after
Dated October, 3rd 2014	
new Kelrycen	
/ Signature of a member or authorized representative of a member	,
William Kelman	
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

SEURETARY OF STATE TALLAHASSEE FEEDING