

L14000041616

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INTELLECT MEDICAL SERVICES 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:

LHERISSON DOMOND

Name of Person

INTELLECT MEDICAL SERVICES LLC

Firm/Company

2452 W OAKLAND PARK BLVD

Address

FORT LAUDERDALE, FL 33311

City/State and Zip Code

INTELMEDICALSERVICES@GMAIL.COM

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

For further information concerning this matter, please call:

LHERISSON DOMOND

Name of Person

at 954 440-0168

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)

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

SECRET
TALLAHASSEE, FL 32301

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APPROVED
FILED

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

INTELLECT MEDICAL SERVICES 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 03/12/2014 and assigned
Florida document number L14000041616.

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: LHERISSON DOMOND

New Registered Office Address: 2452 W OAKLAND AVE BLVD

Enter Florida street address

FORT LAUDERDALE, Florida 33311

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.

Lherisson Domond
If Changing Registered Agent, Signature of New Registered Agent

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated AUGUST 19, 2014.

Lherisson Domond

Signature of a member or authorized representative of a member

LHERISSON DOMOND

Typed or printed name of signee

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Filing Fee: \$25.00

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FALP ASSOCIATION OF FLORIDA

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