## 14000058591

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D. SCOTT JAN 9 2019

## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	PLATINUM Name of Lim	HEALTH, LLC	<u>C.</u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	RA	NDAU SMITH Name of Person	
	- PLAT	Firm/Company	ILLC TO THE PERSON OF THE PERS
	1106	VATES ST	EC 26 F
	C	TELANDO, TE City/State and Zip Code The Oplatinum	Mealth I commission
For further information of	E-mail address: ( concerning this matter, please o	•	(fication)
RA-N Name	DY SM 1TH of Person	at (407) 347 Area Code Daytin	2-211) ne Telephone Number
Enclosed is a check for t	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)
Regist Divisi	ANG ADDRESS: cration Section on of Corporations Box 6327	STREET/COUR Registration Section Division of Corpo Clifton Building	on

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HEALTH, L	LC
ted Liability Company)	recoras.)
any were filed on $-\frac{4}{1}$	0/2014 and assigned
liability company here:	
	7 2
iability Company," the designation	"LLC" or the abbreviation L.L.C.
	語思
2	2b D
	D 01
d office address on our ro	ecords, enter the name of the new
	<del></del>
Enter Florida street	address
	Florida
City	Zip Code
	iability Company here: iability Company, the designation  office address on our refere:  Enter Florida street

## 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.

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>	Address	Type of Action
MGR	RANDALL SMITH	1106 YATEST	
		ORLANDO, FL	Remove
		32804	Change
MGR	PRINCETON HEALTH SYS	INC TEMS; 1106 YATESST	<b>_</b> Add
		ORLANDO, FL	☐ Remove
		32804	Change
AMBR	CAVENWE GROUP LLC	110 E. CENTER	Add
		MADISON, SD	□ Remove
		57042	
		ALLA ALLA ALLA	Add Add Company Ad
		HASSE	Remove
		E.S.	T TI
		TATE	Change
			□ Remove
			Change
		<del></del>	
			Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
THE OWVERSHIP IN PLATINUM HEALTH LLC
NEEDS TO BE CHANGED FROM 10090
RANDALL SMITH TO 51% PRINCETON HEALTH
SUSTEMS, INC AND 4970 CAMENUE GROUPLL
PRINCETON HEALTH SYSTEMS IS A FLORIDA
S-CORP SINCE SEPTEMBEL 12, 2001;
DOC # POIDDDD 90782. PLINCETON HEALTH
SUSTEMS IS RANDY SMITH'S S-CORP
PRINCETON HEAVER SUSTEMS AND THE LOMENNE
<del></del>
SINCE PLANDUM HEALTH'S INLEVTED TO
55. 2
TO THE PERSON OF
FCORD OF CORD
<u> </u>
E. Effective date, if other than the date of filing:
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 DECEMBER DO 2016
215
Signature of a member or authorized representative of a member
RANDALL L SMITH
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00