L14000069750

(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HC Manda, 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:

Michael Hawes

Name of Person

HC Manda, LLC

Firm/Company

20801 Biscayne Blvd., Suite 456

Address

Miami, FL 33180

City/State and Zip Code

mhawes@healthexcel.org

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

For further information concerning this matter, please call:

Michael Hawes

_{...}305、582-8740

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)

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

(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 04-25-2014 and assigned [L14000069750].	
The Articles of Organization for this Limited Liability Company were filed on 04-25-2014 and assigned	
Florida document number L14000069750	ļ
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
Mandamus, LLC	
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 registered agent and/or the new registered office address here:	ie new
Name of New Registered Agent:	e or years
New Registered Office Address:	¥ ij
Enter Florida street address	Jillane.
, Florida Fig.	
	अवस्थाता. संदे
- In the second of the second	14.3°
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply we provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document 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.	d

If Changing Registered Agent, Signature of New Registered Agent

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 = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			Remove
			Add
			Remove
		<u> </u>	□ Add
			Remove
			
			□ Remove

. It amending any other information, ente	er change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of fi (The effective date must be specific, cannot be prior to the date this document is filed by the Florida Depart	iling: (optional) to date of receipt or filed date and cannot be more than 90 days after tment of State)
Dated May 14	
Wław	
Michael Hawes	of a member or authorized representative of a member
<u> </u>	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

