

4/28/2015

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H15000103387 3)))



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : PERLMAN, BAJANDAS, YEVOLI, & ALBRIGHT P.L.
Account Number : I20040000167
Phone : (305)377-0809
Fax Number : (305)377-0781

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: Kimberly@pbyalaw.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AMERICAN COLLEGE OF PROCEDURE TRAINING, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Fax Audit No.: H15000103387 3

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: American College of Procedure Training, 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:

Selena Samale

Name of Person

Perlman, Bajandas, Yevoli & Albright, P.L.

Firm/Company

200 S Andrews Avenue, Suite 600

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

kimberly@pbylaw.com

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

For further information concerning this matter, please call:

Selena Samale

954

566-7117

Name of Person

at ()

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

Fax Audit No.: H15000103387 3

15 APR 28 AM 8:56
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Fax Audit No.: H15000103387 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

American College of Procedure Training, 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 5/2/2014 and assigned
Florida document number L14000071913

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 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**)

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

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15 APR 28 AM 8:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

200 S Andrews Avenue, Suite 600

Enter Florida street address

Fort Lauderdale

City

Florida 33301

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.


If Changing Registered Agent, Signature of New Registered Agent

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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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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Fax Audit No.: H15000103387 3

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)
(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 205.0207(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.

(b) The 90th day after the record is filed.

Dated April 28, 2015

E. Samale
Signature of a member or authorized representative of a member

Selean Samale, Authorized Representative

Typed or printed name of signer