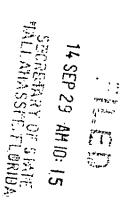
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### **COVER LETTER**

TO:

Registration Section
Division of Corporations

A FEODDAD! E I

SUBJECT:

## AFFORDABLE HEALTH DIRECT 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:

# AARON MALCOMNSON

Name of Person

# AFFORDABLE HEALTH DIRECT LLC

Firm/Company

## 7601 N. FEDERAL HIGHWAY STE 220A

Address

## **BOCA RATON FL 33487**

City/State and Zip Code

## colette@affordablehealth.comcastbiz.net

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

For further information concerning this matter, please call:

## AARON MALCOMNSON

.,,862<u>,</u>248-4194

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

# AFFORDABLE HEALTH DIRECT 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 5/13/2014 and assigned Florida document number L14000078055 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." 7601 N. FEDERAL HIGHWAY Enter new principal offices address, if applicable: SUITE 220A (Principal office address MUST BE A STREET ADDRESS) **BOCA RATON FL 33487** 7601 N. FEDERAL HIGHWAY Enter new mailing address, if applicable: SUITE 220A (Mailing address MAY BE A POST OFFICE BOX) **BOCA RATON FL 33487** 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>Address</u> Type of Action **Title** <u>Name</u> 7601 N. FEDERAL HIGHWAY MGR. AARON MALCOMNSON SUITE 220A **■** Remove **BOCA RATON FL 33487 MGR** CHARLOTTE ANDREE 7601 N. FEDERAL HIGHWAY SUITE 220A Remove **BOCA RATON FL 33487** 7601 N. FEDERAL HIGHWAY **AMBR** AARON MALCOMNSON SUITE 220A □ Remove **BOCA RATON FL 33487** CHARLOTTE ANDREE AMBR 7601 N. FEDERAL HIGHWAY SUITE 220A **BOCA RATON FL 33487** ☐ Add ☐ Remove

. If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	·
(The effecti	e date, if other than the date of filing:(optional) ive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after his document is filed by the Florida Department of State)
Dated_S	SEPTEMBER 10 2014
	Aaron Malcomnson
	Signature of a member or authorized representative of a member
	AARON MALCOMNSON

Page 3 of 3

Filing Fee: \$25.00

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