

#L14000085975

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2014 JUL 28 PM 2:41
CLERK OF STATE
TALLAHASSEE, FLORIDA

K. GALT
EXAMINER
JUL 30 2014



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 21, 2014

WAVECARE HEALTHCARE RESALE MEDICAL SUPPLY LLC
WAVENEY BLACKMAN
11900 LISBOROUGH RD.
BOWIE, MD 20720

SUBJECT: WAVECARE HEALTHCARE RESALE MEDICAL SUPPLY LLC
Ref. Number: L14000085975

We have received your document for WAVECARE HEALTHCARE RESALE MEDICAL SUPPLY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Enclosed is the signature page missing from the amendment. Please sign and return.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 214A00015584

July 24, 2015,

Attention Ms. Karen Saly,

Enclosed please find the change of name for LLC: **L14000085975**; WaveCare
HealthCare Retail/Resale Medical Supply which includes the signature page.

Thanks,

Waveney Blackman

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WaveCare HealthCare Resale Medical Supply 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:

Waveney Blackman

Name of Person

WaveCare HealthCare Services

Firm/Company

11900 Lisborough Road

Address

Bowie, Maryland 20720

City/State and Zip Code

waveney@wavecarehealth.com

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

For further information concerning this matter, please call:

Waveney Blackman

Name of Person

at **301 237-1141**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

WaveCare HealthCare Resale Medical Supply LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 5/28/2014 and assigned Florida document number L14000085975.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

WaveCare HealthCare Retail/Resale Medical Supplies 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 new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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.

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 = 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"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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 _____, _____

Waveney Blackman

Signature of a member or authorized representative of a member

Waveney A. Blackman

Typed or printed name of signee

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Filing Fee: \$25.00

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