

#L14000101840

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

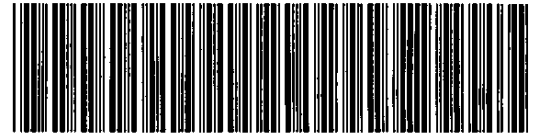
(Business Entity Name)

(Document Number)

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FILED
2014 JUL -9 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
JUL 10 2014



THE LAW OFFICES OF

Anthony Rumore, P.A.

515 Southwest First Avenue • Fort Lauderdale, FL 33301

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rumorelaw.com

July 8, 2014

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

AMENDMENT : QUALICARE ASSOCIATES, LLC
DOCUMENT NO. : L14000107042

AMENDMENT : QUALICARE MEDICAL MANAGEMENT GROUP, LLC
DOCUMENT NO. : L14000101840

Dear Division of Corporations:

Accompanying this letter are two original executed Amendments to the Articles of Organizations of the above noted entities (one for each of the above noted entities). I am the attorney and authorized representative of the above noted entities and their members. Also enclosed herein are two checks in the amount of \$25.00 each, per Amendment.

Please apply these amendments and reflect the corresponding removals and addition of members respectively as soon as is practicable. Thank you very much for your assistance with this matter.

Very truly yours,

C. Anthony Rumore

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Qualicare Medical Management Group, 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:

Anthony Rumore

Name of Person

Anthony Rumore, PA

Firm/Company

515 SW 1st Avenue

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

trumore@rumorelaw.com

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

For further information concerning this matter, please call:

Anthony Rumore

Name of Person

954 942-2414

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Qualicare Medical Management Group, LLC

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

FILED
2014 JUL -9 AM 9:4
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 06/25/2014 and assigned
Florida document number L14000101840.

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."

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

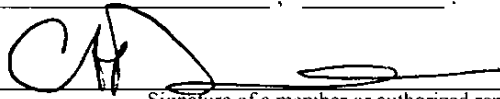
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Qualicare, LLC	515 SW 1st Avenue	<input type="checkbox"/> Add
		Fort Lauderdale, FL 33301	<input checked="" type="checkbox"/> Remove
MGRM	Qualicare Associates, LLC	515 SW 1st Avenue	<input checked="" type="checkbox"/> Add
		Fort Lauderdale, FL 33301	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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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 July 8, 2014



Signature of a member or authorized representative of a member

Anthony Rumore

Typed or printed name of signee