

L 14 000 108896

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

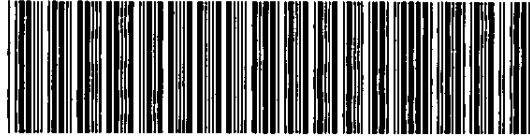
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers JAN 07 2015

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 8, 2014

JASON RANDOLPH  
485 BRICKELL AVE #4304  
MIAMI, FL 33131

SUBJECT: CAPTIVE GROUP HEALTH DPC LLC  
Ref. Number: L14000108896

We have received your document for CAPTIVE GROUP HEALTH DPC 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.

Please return the corrected original and one copy of 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.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 014A00025786

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CAPTIVE GROUP HEALTH DPC 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:

Jason Randolph

Name of Person

Captive Group Health DPC LLC

Firm/Company

485 Brickell Ave #4304

Address

Miami, Florida 33131

City/State and Zip Code

jrandolph@camelotconcierge.com

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

For further information concerning this matter, please call:

Jason Randolph

at 317 507-6737

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

CAPTIVE GROUP HEALTH DPC LLC

The Articles of Organization for this Limited Liability Company were filed on JULY 9, 2014 and assigned Florida document number L14000108896.

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

MIAMI, FL 33131

MIAMI, FL 33131

Page 1 of 3

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>
MGR	MARC GOLDSAND	1606 MICANOPY AVE	<input type="checkbox"/> Add
		MIAMI, FL 33133	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<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.)

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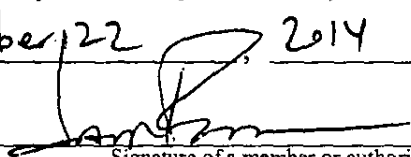
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 December 22, 2014



Signature of a member or authorized representative of a member

JASON RANDOLPH

Typed or printed name of signee

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Filing Fee: \$25.00

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