

L14 000163926

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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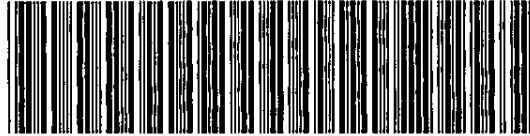
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1.000000 FEB 10 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PATIENT CONNECT SERVICES 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:

FRED BLUMER

Name of Person

PATIENT CONNECT SERVICES LLC

Firm/Company

139 WOODLAKE DRIVE EAST

Address

WOODBURY, NY 11797

City/State and Zip Code

fredblumercpa@gmail.com

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

For further information concerning this matter, please call:

FRED BLUMER

Name of Person

at (917) 885-6525

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 ORGANIZATION
TO
ARTICLES OF ORGANIZATION
OF

PATIENT CONNECT SERVICES 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 OCTOBER 21, 2014 and assigned Florida document number L14000163926.

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: 2200 N FEDERAL HIGHWAY STE 221
(Principal office address MUST BE A STREET ADDRESS) BOCA RATON, FL 33431

Enter new mailing address, if applicable: 2200 N FEDERAL HIGHWAY STE 221
(Mailing address MAY BE A POST OFFICE BOX) BOCA RATON, FL 33431

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: BARRY A. GINSBERG

New Registered Office Address: 3011 YAMATO ROAD, SUITE A-17
Enter Florida street address

BOCA RATON, Florida 33434
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

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	BARRY A. GINSBERG	3011 YAMATO ROAD, SUITE A-17	<input checked="" type="checkbox"/> Add
		BOCA RATON, FL 33434	<input type="checkbox"/> Remove
MGR	JACK KLEIN	202 FRANKLIN CLUB DRIVE	<input type="checkbox"/> Add
		APT. 4304	<input checked="" type="checkbox"/> Remove
		DELRAY BEACH, FL 33483	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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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 FEBRUARY 10, 2015.

Fred Blumer
Signature of a member or authorized representative of a member
Fred Blumer
Typed or printed name of signee

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA