

L14000173929

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

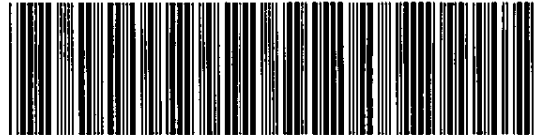
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 APR 16 PM 3:04
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FALLAHS

n/c amendment

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Quality Health Care Management, 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:

Taeho Oh
Name of Person

Firm/Company

6412 N. University Drive, suite 120
Address

Tamarac, FL 33321
City/State and Zip Code

taeho_oh@att.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Taeho Oh at (786) 208-3081
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" 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

FILED
15 APR 16 PM 3:04
TALLAHASSEE, FL
SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 30, 2015

TAEHO OH
QUALITY HEALTH CARE MANAGEMENT LLC
6412 N UNIVERSITY DRIVE, SUITE 120
TAMARAC, FL 33321

SUBJECT: QUALITY HEALTH CARE MANAGEMENT LLC
Ref. Number: L14000173929

We have received your document for QUALITY HEALTH CARE MANAGEMENT LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have completed the wrong application. Please complete the attached form for a limited liability company.

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) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 815A00006306

RECEIVED
15 APR 16 AM 10:35
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

Quality Health care Management, 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 Nov-7, 2014 and assigned Florida document number L1400173929

This amendment is submitted to amend the following:

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

Tri-star Care Management, 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

City

Florida

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>
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MGR	Dolores L. Kobetz	6412 N. University Dr.	<input checked="" type="checkbox"/> Add
-----	-------------------	------------------------	---

		Suite 120	<input type="checkbox"/> Remove
--	--	-----------	---------------------------------

		Tamarac, FL 33321	
--	--	-------------------	--

MGR	Taeho Oh	6412 N. University Dr.	<input checked="" type="checkbox"/> Add
-----	----------	------------------------	---

		Suite 120	<input type="checkbox"/> Remove
--	--	-----------	---------------------------------

		Tamarac, FL 33321	
--	--	-------------------	--

			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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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 4/13/15, _____

Taeho Oh

Signature of a member or authorized representative of a member

Taeho Oh

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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15 APR 16 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA