

L14000173929

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

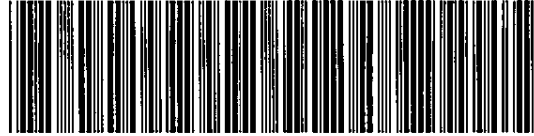
(Business Entity Name)

(Document Number)

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

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FILED  
15 APR 16 PM 3:04  
SECRETARY OF STATE  
FALLS CHURCH, VA

*1/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

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15 APR 16 PM 3:04  
SECRETARY  
TALLAHASSEE, FLORIDA

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



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)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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15 APR 16 PM 3:04  
SECRETARY  
TALLAHASSEE

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



D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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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 4/13/15, \_\_\_\_\_

Taeho Oh

Signature of a member or authorized representative of a member

Taeho Oh

Typed or printed name of signee

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