

✓ 214000175460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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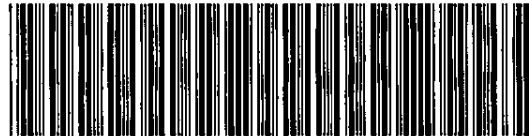
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

**DAVID J. SCHOTTENFELD, P.A.**

Attorney at Law

7520 Northwest 5th Street  
Suite 203  
Plantation, Florida 33317

Telephone (954) 316-5033  
Fax (954) 316-5037

December 31, 2014

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: National Healthcare Group, LLC  
Number L140001755460  
Filed November 12, 2014

Gentlemen:

Please find enclosed herein the Articles of Amendment to Articles of Organization for National Healthcare Group, LLC, together with check in the amount of \$25.00 representing the Filing Fee for same, with respect to the above referenced matter.

A copy of this document has also been enclosed herein. Kindly acknowledge your receipt of same and forward the acknowledged copy to the undersigned in the envelope provided for your convenience.

Thank you in advance for your courtesy and prompt cooperation in this matter.

Very truly yours,

  
DAVID J. SCHOTTENFELD

DJS/mib  
Encl

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

**National Healthcare Group, 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 November 12, 2014 and assigned Florida document number L14000175460.

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 "LLC."

**Enter new principal offices address, if applicable:** 757 SE 17 Street  
**(Principal office address MUST BE A STREET ADDRESS)** Suite 328  
Ft Lauderdale, FL 33316

**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

**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**

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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	David J. Schottenfeld	7520 NW 5th Street	<input type="checkbox"/> Add
		Suite 203	<input checked="" type="checkbox"/> Remove
		Plantation, FL 33317	
MGR AMBR	Joseph Dumbroff	757 SE 17th Street	<input checked="" type="checkbox"/> Add
		Suite 328	<input type="checkbox"/> Remove
		Fort Lauderdale, FL 33316	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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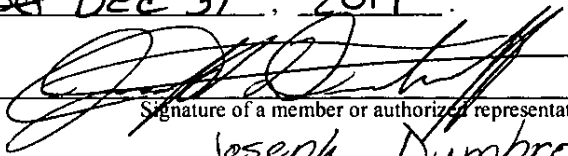
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 ~~November~~ Dec 31, 2014



Signature of a member or authorized representative of a member

Joseph Dumbroff

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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