

LE000006897

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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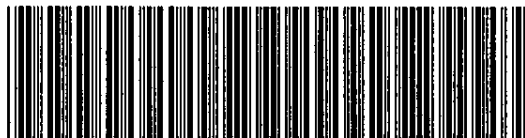
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 03 2015

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: First Coast Provider 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:

Alan Hatcher
Name of Person
First Coast Provider Services, LLC
Firm/Company
4729 Prayer Dr S.
Address
Jax FL 32217
City/State and Zip Code
AJ.Hatcher@ATT.NET
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Lisa Hatcher at (904) 422-4208
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

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

First Coast Provider 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 1/13/2015 and assigned Florida document number L15 000006897

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:

(Principal office address MUST BE A STREET ADDRESS)

11 E. Forsyth St., Jax FL
#601

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4729 Praver Dr. S.
Jax FL 32217

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:

Alan J. Hatcher

New Registered Office Address:

11 E. Forsyth Street, #601

Enter Florida street address

Jax

City

Florida 32202

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.

[Signature]
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>
MGR	Alan J. Hatcher	11 E Forsyth St. #601, JAX FL 32202	<input checked="" type="checkbox"/> Add

☐ Remove

MGR	Mallory A. Hatcher	4729 Praver Dr S JAX FL 32217	<input checked="" type="checkbox"/> Add
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☐ Remove

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TALLAHASSEE, FLORIDA

Filing Fee: \$25.00

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Typed or printed name of signer

Malloy A. Hatcher

Signature of a member or authorized representative of a member

Malloy A. Hatcher

Dated

2/20/15

(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)

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

N/A

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