

L15000026810

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

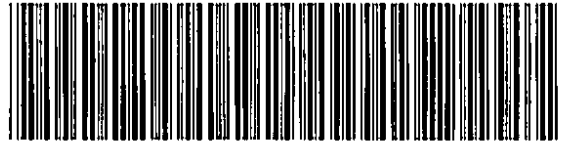
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

✓ SALY

AUG 10 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 7, 2018

BRIGHTMED HEALTH INSTITUTE, LLC  
ELIEZER MERISIER  
5909 S UNIVERSITY DR.  
DAVIE, FL 33328

SUBJECT: BRIGHTMED HEALTH INSTITUTE, LLC  
Ref. Number: L15000026810

We have received your document for BRIGHTMED HEALTH INSTITUTE, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 118A00016260

# Brightmoor

HEALTH INSTITUTE

Where a Brighter Future Begins Today

School of Nursing  
5909 S. University Drive  
Davie, FL 33328  
954-530-0120

L15-26810

07/28/2018

To whom it may concern,

This Eliezer Merisier the president for Brightmed Health Institute LLC. I have submitted a letter for removal of Romane Joseph. However, I forgot to include the money order in the envelope. Please process the modification for us. I have included a money order for \$25. Thank you.

Warmest Regards,



Eliezer Merisier MSN, ARNP, FNP-BC, BSN  
Program Director

62

RECEIVED

2018 AUG -1 AM 10:32

THENT OF S  
LOF CO  
H333

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Brightmed Health Institute LLC  
Name of Limited Liability Company

2018 JUL 30 PM 1:52

RECEIVED

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Eliezer Merisier

Name of Person

Brightmed Health Institute  
Firm/Company

5909 S. University Drive

Address

Davie, FL 33328

City/State and Zip Code

emerisierbrightmed@gmail.com

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

For further information concerning this matter, please call:

Eliezer Merisier

239

273-8677

at ( )

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

CE

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

BRIGHTMED HEALTH INSTITUTE, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_ and assigned  
Florida document number L15000026810.

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 contain 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*

\_\_\_\_\_, 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
Chair	Joseph Romane	5909 S. University Drive	<input type="checkbox"/> Add
		Davie, FL33328	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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

Please remove Joseph Romané as the charirmain of the company.

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TALLAHASSEE, FLORIDA

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

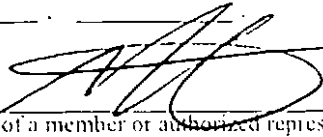
*(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)*

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated July 27 2018

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Eliezer Merisier, President

\_\_\_\_\_  
Typed or printed name of signer