15000028538

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<u></u>
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		;

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06/05/15--01020--008 **35.00

COVER LETTER

Divi	ision of Corp	orations		
SUBJECT:		HEALTH CARE LLC		
JOBSEC1.		Name of Limi	ted Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		SHARON JUNAID		
		· · · · · · · · · · · · · · · · · · ·	Name of Person	
			Firm/Company	
			Address	
		5401 N UNIVERSITY DR	STE 102	
			City/State and Zip Code	
	CORAL SPRINGS, FL. 33067			
		E-mail address: (to be used for future annual report notific	cation)
For further in	nformation co	oncerning this matter, please ca	all:	
SHARON J	UNAID		954 796-4442 at ()	
Name of Person Area Code Daytime Telephone Number		Telephone Number		
Enclosed is a	a check for th	e following amount:		
□ \$25.00 F	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:

TO:

Registration Section

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



June 12, 2015

SHARON JUNAID JUNAIDCPA & ASSOCIATES CORP 5401 N UNIVERSITY DR STE 102 CORAL SPRINGS, FL 33067

SUBJECT: MARQUIS HEALTH CARE LLC

Ref. Number: L15000028538

We have received your document for MARQUIS HEALTH CARE 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):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 115A00012415

15 JUN 26 AM ID: 32

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MARQUIS HEALTH CARE LLC		
(<u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on 2/16/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited li</u>	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability 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	<u> </u>	
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		三
		54 5
		32 20 20
B. If amending the registered agent and/or registered registered agent and/or the new registered office address l	-	enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	da
	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>	Address	Type of Action
MGR	NO MA AM LLC	5152 NW 43RD AVE COCONUT	Add
			Remove
			□ Change
		<u> </u>	Remove
			Change
			Add
			Remove
			Change
			□ Remove
			☐ Change
			Add.
			AH Chinge 32 Add Add
			Remove
			Change

If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessor.	ary.)	
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Effect	ive date, if other than the date of filing:(options	al}	
f an ef Note:	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fill the date inserted in this block does not meet the applicable statutory filing requirements, this dent's effective date on the Department of State's records.	ing.) Pursuant to 6 ate will not be li	05.0207 sted as 1
ne re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.r	n. on the ear	lier of
The	90th day after the record is filed.		
Dated	6-21-15 1. 2015.		
	The state of the s	* 100	
	/Signature of a member or authorized representative of a member		กิ
		SYRY SYRY TOP C	= -1
	JOE SAVA SI A Typed or printed name of signee	<u> </u>	1
	·· · -		
	Page 3 of 3		
			5

Filing Fee: \$25.00