

L1500040444

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

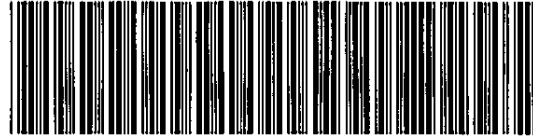
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 SEP 28 AM 9:33
DIVISION OF CORPORATIONS

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SEP 28 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PAJ Health Partners 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:

Noah Lasko

Name of Person

Firm/Company

16855 NE 2nd Ave, Suite 400N

Address

North Miami, FL 33162

City/State and Zip Code

noahl@treatmentmanagement.com

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

For further information concerning this matter, please call:

Noah Lasko

786 661-2344
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

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>
MGR	Norman Ginsparg	16855 NE 2nd Ave	<input type="checkbox"/> Add
		Suite 400N	<input checked="" type="checkbox"/> Remove
		North Miami, FL 33162	<input type="checkbox"/> Change
MGR	Jonathan Lasko	16855 NE 2nd Ave	<input checked="" type="checkbox"/> Add
		Suite 400N	<input type="checkbox"/> Remove
		North Miami, FL 33162	<input type="checkbox"/> Change
MGR	Noah Lasko	16855 NE 2nd Ave	<input checked="" type="checkbox"/> Add
		Suite 400N	<input type="checkbox"/> Remove
		North Miami, FL 33162	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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16 SEP 28 AT 9:33
DIVISION OF CORRECTIONS

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(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)

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

Dated _____, _____

Signature of a member or authorized representative

Typed or printed name of signee