

L150000 69062

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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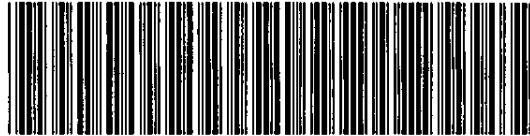
(Business Entity Name)

(Document Number)

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04/28/15--01031--016 **25.00

FILED
15 APR 28 AM 8:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1 Servers MAY 05 2015

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

National Health Consulting Services Limited Liability Company

(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 4/20/15 and assigned
Florida document number L15000069062

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

City

Florida

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

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: National Health Consulting 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:

Darryl A. Goldskin
Name of Person
National Health Consulting Services LLC
Firm/Company
8000 North Federal Highway Suite #300
Address
Boca Raton, FL 33487
City/State and Zip Code
darrylgoldskin@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Darryl A. Goldskin at 917 439-5390
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

Theresa

FILED
15 APR 28 AM 8:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 APR 28 A
SECRETARY
FALL ARREST

15 APR 28 AM 8:44
SECURITY OFFICIAL
IN WASHINGTON

_ (optional)

) 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.

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

4/24/15

e of a member or authorized representative of a mem

Therrie S. Goldstein