

L15000139950

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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2015 SEP 10 P 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 11 2015
10:00 AM

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Walters Healthcare Solution 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:

Dr. Donna Walters DNP ARNP-C

Name of Person

Walters Healthcare Solution LLC

Firm/Company

5074 N Dixie Hwy

Address

Oakland Park, Fl. 33334

City/State and Zip Code

mschin008dw@gmail.com

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

For further information concerning this matter, please call:

Donna Walters

305 793-3984
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

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TALLAHASSEE, FLORIDA

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

Walters Healthcare Solutions 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 August 17th and assigned
Florida document number L15000139980.

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:

Dr. Donna Walters DNP ARNP-C

New Registered Office Address:

5074 N Dixie Hwy

Enter Florida street address

Oakland Park

Florida

City

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

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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>
AMBR	Donna Walters	5074 N Dixie Hwy	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
		Oakland Park, Fl 33334	<input type="checkbox"/> Change
MGR	Nicholas Walters	5074 N Dixie Hwy	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
		Oakland Park, fl 33334	<input type="checkbox"/> Change
AMBR	Peyton Walters	5074 N Dixie Hwy	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
		Oakland Park, Fl 33334	<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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08/17/2015

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.

Dated August 26th, 2015

Malik
Signature of a member or

Signature of a member or authorized representative of a member

Donna Walters

Typed or printed name of signee