

L15000145982

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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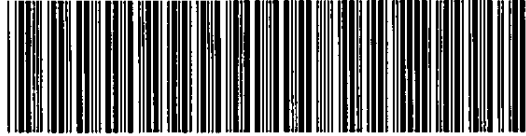
(Business Entity Name)

(Document Number)

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JUL 27 2016

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Qualified Health 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:

Patrick Lawrence
Name of Person
Qualified Health Solution, LLC
Firm/Company
833 22nd St. South
Address
St. Petersburg, FL 33712
City/State and Zip Code
info@qualifiedhealthsolution.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Patrick Lawrence at (305) 979-0078
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

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

Qualified Health Solution, 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 8/26/15 and assigned
Florida document number L15000145982

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)

833 22nd Street South
St. Petersburg, Florida 33712

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

833 22nd Street South
St. Petersburg, Florida 33712

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:

833 22nd Street South

Enter Florida street address

St. Petersburg

City

Florida

Zip Code

33712

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

Title	Name	Address	Type of Action
AMBR	Nicole Bramwell	13032 SW 133 rd Ct	<input type="checkbox"/> Add
		2nd floor	<input checked="" type="checkbox"/> Remove
		miami, florida 33186	<input type="checkbox"/> Change
AMBR	armando castillo	13032 SW 133 rd Ct	<input type="checkbox"/> Add
		2nd floor	<input checked="" type="checkbox"/> Remove
		miami, florida 33186	<input type="checkbox"/> Change
mgr	patrick lawrence	833 22nd Street South	<input type="checkbox"/> Add
		st. petersburg, florida 33712	<input checked="" type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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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:

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

Dated

07/25/16

5/16, *Pat*

Signature of a member or authorized representative of a member

Patrick Lawrence

Typed or printed name of signee