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TALLAHASSEE, FLORIDA

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FEB 17 2016

S. YOUNG

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: MEDH SOLUTIONS 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:

SCOTT C. GHERMAN, Esquire

Name of Person

SCOTT C. GHERMAN, Esquire

Firm/Company

902 Clint Moore Road Suite 108

Address

Boca Raton, Florida 33487

City/State and Zip Code

sgherman@scottghermanpa.com

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

For further information concerning this matter, please call:

SCOTT C. GHERMAN, Esquire

Name of Person

at (561)

Area Code

757-6266

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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16 FEB 16 PM 4:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

MEDH 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 9/2/2015 and assigned
Florida document number L15000150556.

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)

11555 Heron Bay Blvd #200

Coral Springs, FL 33076

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11555 Heron Bay Blvd #200

Coral Springs, FL 33076

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:

SCOTT C. GHERMAN, Esquire

New Registered Office Address:

902 Clint Moore Road Suite 108

Enter Florida street address

Boca Raton

Florida

33487

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.

 dotloop ver-fcd
01/25/16 4:46PM LST
ABMX-PSHH-30XN-7246

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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: _____ (optional)

(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)

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.

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 _____, _____



00700B Verified
01/25/16 2:08PM EST
Z1AA-7GS6 E2S9 VYF

Signature of a member or authorized representative of a member

RAVI SOOKNANAN

Typed or printed name of signee

TO Whom This May Concern,

Daytime Phone : 954-249-7221

Return Address : 11677 W. Atlantic Blvd APT 906
CORAL SPRINGS FL 33071

Thank You Very Much



RAVI SOOKNATHAN

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SECRETARY OF STATE
TALLAHASSEE FLORIDA