

L15000 167263

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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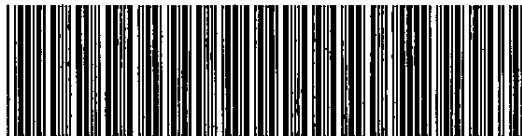
(Business Entity Name)

(Document Number)

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16 MAY 18 AM 10:59
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UNITED STATES OF AMERICA
WASHINGTON, DC 20520-1224

MAY 20 2016

J SHIVERS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Packagemyhealth, 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:

Patricia Ziomek

Name of Person

Packagemyhealth, LLC

Firm/Company

2004 SW 103 Court

Address

Miami, Florida 33165

City/State and Zip Code

pziomek@packagemyhealth.com

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

For further information concerning this matter, please call:

Patricia Ziomek

800 988-7904
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

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

Packagemyhealth, 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 10/1/2015 and assigned
Florida document number L15000167263.

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)

1111 Brickell Avenue, 11th Floor

Miami, Florida 33131

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1111 Brickell Avenue, 11th Floor

Miami, Florida 33131

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:

1111 Brickell Avenue, 11th Floor

Enter Florida street address

Miami

, Florida

City

33131 *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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added
removed from our records:

GR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Quality Health Management, LLC	15280 NW 79th Court, Suite 100	<input type="checkbox"/> Add
		Miami Lakes, Florida 33016	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Patricia Ziomek	1111 Brickell Avenue, 11th Floor	<input checked="" type="checkbox"/> Add
		Miami, Florida 33131	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Livan Sanchez	1111 Brickell Avenue, 11th Floor	<input checked="" type="checkbox"/> Add
		Miami, Florida 33131	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Variable Investment Partners, LLC	1111 Brickell Avenue, 11th Floor	<input checked="" type="checkbox"/> Add
		Miami, Florida 33131	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	1996 Van Dyke Family Trust	1111 Brickell Avenue, 11th Floor	<input checked="" type="checkbox"/> Add
		Miami, Florida 33131	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	1996 Van Dyke Family Trust	1111 Brickell Avenue, 11th Floor	<input checked="" type="checkbox"/> Add
		Miami, Florida 33131	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

E. Effective date, if other than the date of filing: April 1, 2016 (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 9/1, 2016

Signature of a member or authorized representative of a member

Patricia Ziomek

Typed or printed name of signee

SECRETARY OF STATE
WASHINGTON, D.C. 20520
MAY 18 10 10 AM '68
FLORIDA