

L1500009226
Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : 1-813-617-0383

Account Name : TALLTOL FIELDS
Account Number : 117000178076
Phone : 1-813-617-0383
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**Enter the email address for this business entity to be used for future notices, such as mailings, etc. or add your email address if you are an individual.

Email Address: Vincent @ solarhealthcare.org

RECEIVED
2017 JUL -7 PM 5:47
SOLAR HEALTH CARE SOLUTIONS, LLC
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PRECISION HEALTH CARE SOLUTIONS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PRECISION HEALTH CARE SOLUTIONS, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Radha Bachman, Esq.

Name of Person

Carbon Fields

Firm/Company

4231 W. Boy Scout Blvd. Ste. 1000

Address

Tampa, FL 33607

City/State and Zip Code

Vincent Hayes <vincent@solarahealthcare.org>

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

For further information concerning this matter, please call:

Radha Bachman

813

229-4382

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**

PRECISION HEALTH CARE 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 11-09-2015 and assigned
Florida document number 115000189226.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

QTD, LLC

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

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>
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change

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

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

Effective date, if other than the date of filing: _____ (applicable only 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 605.1207 (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

Dated July 6 2017

Signature of a member or authorized representative of a member

Typed or printed name of signer