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16 MAY 10 AM 7:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 12 2016

J SHIVERS

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 14, 2016

LATEISHA COLEBROOKE  
99 NW 183RD ST  
MIAMI GARDENS, FL 33169

SUBJECT: PREMIER HEALTH CONSULTING, LLC  
Ref. Number: L16000029081

We have received your document for PREMIER HEALTH CONSULTING, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers  
Regulatory Specialist III  
Registration/Qualification Section

Letter Number: 216A00007713

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Premier Health Consulting, LLC  
**DOCUMENT NUMBER:** 116000029081

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lateisha Colebrooke  
Name of Contact Person  
Premier Health Consulting, LLC  
Firm/ Company  
99 NW 183rd Street  
Address  
Miami Gardens, FL 33169  
City/ State and Zip Code  
Premierhealth2@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lateisha Colebrooke at 954 643-1898  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- ☐ \$35 Filing Fee  
☒ ~~\$43.75~~ <sup>error</sup> \$43.75 Filing Fee & Certificate of Status  
☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  
☒ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

**Mailing Address**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Premier Health Consulting, 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 2/10/2016 and assigned Florida document number L16000029081.

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)**

99 NW 183rd Street

Suite# 239H

Miami Gardens, FL 33169

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

99 NW 183rd Street

Suite# 239H

Miami Gardens, FL 33169

**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:

Lateisha Colebrooke

New Registered Office Address:

2474 NW 93rd Street

*Enter Florida street address*

Miami

*City*

Florida

33147

*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>
CEO	Lateisha Colebrooke	99 NW 183rd Street	<input type="checkbox"/> Add
		Suite# 239H	<input type="checkbox"/> Remove
		Miami Gardens, FL 33169	<input checked="" type="checkbox"/> Change
COO	Kimberly Delancy	99 NW 183rd Street	<input type="checkbox"/> Add
		Suite# 239H	<input type="checkbox"/> Remove
		Miami Gardens, FL 33169	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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16 MAY 0 14 7:09  
SECURITY W. STATE  
FALL HALLS EST. FLORID.

16 MAY 0 4H 7:09  
STATIONARY OFFICE  
NORTH WASTEN FLUID,

**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 \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_, \_\_\_\_\_.



Signature of a member or authorized representative of a member

Lateisha Colebrooke  
Typed or printed name of signee