

L160000044956

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

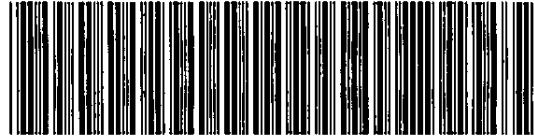
(Business Entity Name)

(Document Number)

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2016 MAY 23 P 3:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 25 2016

SHARON

**The Law Offices of John J. McGlynn III, PLLC**

759 S. Federal Highway, Suite 200H

Stuart, Florida 34994

Telephone: (772) 349-5646

E-mail: [jmcglynnpl@gmail.com](mailto:jmcglynnpl@gmail.com)

[www.southflawfirm.com](http://www.southflawfirm.com)

May 17, 2016

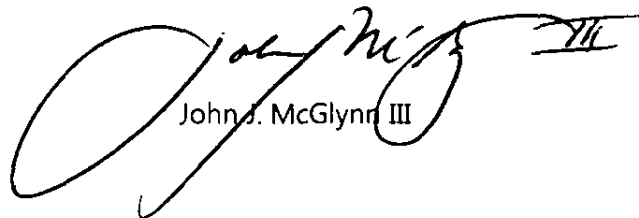
State of Florida  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Re: Epoch Healthcare, LLC  
Articles of Amendment**

Dear Corporate Representative:

I have enclosed Articles of Amendment for Epoch Healthcare, LLC together with a check in the amount of \$25.00 to cover the filing fees.

Sincerely yours,



John J. McGlynn III

Enclosures

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** EPOCH HEALTHCARE, 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:

John J. McGlynn III

Name of Person

Law Offices of John J. McGlynn III, PLLC

Firm/Company

759 S.E. Federal Highway, Suite 200F

Address

Stuart, Florida 34994

City/State and Zip Code

jmcglynnpl@gmail.com

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

For further information concerning this matter, please call:

John McGlynn

Name of Person

at ( 772 )

Area Code

349-5646

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**

EPOCH HEALTHCARE, 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 March 3, 2016 and assigned Florida document number L16000044956.

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)**

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

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

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TALLAHASSEE, FLORIDA

**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:

JOHN J. MCGLYNN III, PLLC

New Registered Office Address:

759 S. FEDERAL HIGHWAY, SUITE 200F

*Enter Florida street address*

STUART

Florida

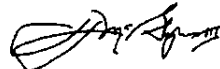
34994

*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.*



**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>
AMBR	DEREK A. PAGAN	708 SW HIDDEN RIVER AVE	<input type="checkbox"/> Add
		PALM CITY, FL 34990	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ANDREW P. HOPE	1509 PROSPERITY FARMS RD.	<input type="checkbox"/> Add
		LAKE PARK, FL 33403	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CRAIG JOCHUM	1509 PROSPERITY FARMS RD.	<input type="checkbox"/> Add
		LAKE PARK, FL 33403	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	STEVEN GREGORY	1509 PROSPERITY FARMS RD.	<input type="checkbox"/> Add
		LAKE PARK, FL 33403	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

THERE SHOULD NOT BE ANY MANAGERS OR AUTHORIZED MEMBERS LISTED  
IN THE ARTICLES OF ORGANIZATION AFTER THIS AMENDMENT TAKES EFFECT.

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 MAY 5, 2016

Signature of a member or authorized representative of a member

JOHN J. McGLYNN III

Typed or printed name of signee

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TALLAHASSEE, FLORIDA